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UNIVERSITY OF ALBERTA

THE POST-DIPLOMA BACCALAUREATE DEGREE IN NURSING: NURSES' PERCEPTION OF WORTH

BY

HELEN M. SIMMONS R.N., MEd. ©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND
RESEARCH IN PARTICIAL FULFULLMENT OF THE REQUIREMENTS FOR
THE DEGREE MASTER OF NURSING

FACULTY OF NURSING

EDMONTON, ALBERTA

FALL 1994

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled THE POST-DIPLOMA BACCALAUREATE DEGREE IN NURSING: NURSES' PERCEPTION OF WORTH submitted by HELEN M. SIMMONS, R.N., MEd. in partial fulfilment of the requirements for the degree of MASTER OF NURSING.

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Marion Allen, R.N., PhD.

Sue M. Scott
Sue Scott, Ph.D.

Date: 21 June 94

WITH MUCH LOVE
TO MY SUPPORT SYSTEM:
MY "HIGHER POWERS"
MY HUSBAND GEORGE
MY CHILDREN GEORGE (BUDDY) & CHRISTINA, DEANNA, AND TIMOTHY
MY DAD JAMES DEMPSEY
MY MOM VERA GREENE DEMPSEY WHO DID NOT LIVE TO SEE THE
FINISH OF "JUST ONE MORE PROJECT"
MY SISTERS PATRICIA (PAT) HISCOCK AND JANE DONNELLY
MY VERY GOOD FRIEND ENID WHALLEY, R.N., B.N.
MY FRIEND AND MENTOR MARION ALLEN, R.N., PhD.
AND
THE NURSES' WHO ALLOWED ME TO SHARE THEIR PERCEPTIONS AND
LET THIS STUDY BECOME A REALITY

ABSTRACT

A review of the literature shows that while the Canadian Nurses Associations and nursing educators have adopted the policy that by the year 2000 basic education for entry to the practice of nursing should be a university based Baccalaureate Degree in Nursing nobody has asked experienced, general duty/staff nurses what the worth of the BN/BScN Degree is to them. In this exploratory study seven such nurses were asked to share their perceptions of the worth of their Post-Diploma BN/BScN Degrees. The study was conducted to increase understanding of the value of the degree, from the nurse' perception, and to gain information that can be useful to: 1) other diploma nurses in their career/education decisions; and 2) nurse educators in facilitating/counselling nurse in these decisions.

The exploratory approach allowed in-depth exploration and description of the participants' perception of the subject. Two in-depth, and one follow up, audio tape recorded interviews were held with each participant. Content analysis was conducted on all study data. Several major categories and subcategories, that emerged from the data, assisted the researcher towards an understanding of the nurses' perception of the worth of the BScN Degree. Through the categories the researcher came to understand the various reasons why the nurses chose to earn their degrees (for example, they were internally and externally driven by personal and professional growth and development needs, they wanted career flexibility and mobility, and they felt the push from the profession). The researcher also learned that the worth of the degree is

much more than the nurses had anticipated and earning the degree was a worthwhile personal and professional investment for the nurses. For example: 1) in deciding the worth of their degrees, the nurses predicate the meaning of that worth on their personal and professional growth and development, their self-actualization, and the self-efficacy they experienced through earning their degrees; 2) to the informants, the BScN degree has a much more "intrinsic" than extrinsic value; 3) the advantages of the baccalaureate education for those nurses are many and varied; and 4) those advantages are not only those of a greater quantity of knowledge. The findings also showed that the nurses past experiences, their job satisfaction, the current socioeconomic ramifications on the Health Care System, and the cost of earning the degree all play a part in their evaluation of the worth of their degrees.

The nurses share sentiments about the value of their degrees within suggestions that they pass on to other diploma nurses contemplating studying for their degree. They also have suggestions which they believe would assist nurse educator/counsellors with facilitating/counselling diploma nurses in their education endeavors. The primary suggestions include: 1) respect and value diploma nurses as adults with skills, knowledge, and past experiences that are valuable to the Post-Diploma Degree; 2) provide a supportive and nurturing learning environment; and 3) recognize that the adult students have varying needs and learning styles.

ACKNOWLEDGEMENTS

In researching and writing this thesis, I owe much to many exceptional people. First of all I would like to thank the very special people who helped me through the most difficult times of my life. Enid Whalley and Dr. Marion Allen who were "there for me" throughout the terrible ordeal of my older son's motor vehicle accident and through the untimely death of my mother. To Marion I also owe much for her understanding, caring, and patience as my academic advisor and for being my "methods person" for this study. Enid and Marion thank you for your support through the difficult times when I wanted to "quit".

I owe many thanks to Dr. Dana Wertenberger, my Thesis Chair, for her patience particularly in the "early days" when I had such difficulty choosing between Nurse as Mother of the TBI Patient and Post-Diploma Baccalaureate Education for my study. Dana thank you.

I owe many thanks to Dr. Sue Scott, for her graciousness and willingness to assist with this study in the "eleventh" hour. Thank you, Dr. Scott.

Thanks are also due to Faculty/School of Nursing support staff Elaine Carswell, Bonnie Erickson, and Trish Kryzanowski without whose help and assistance I would not have wended my way through the many administrative hurdles I have encountered in the past few years. Thank-you Elaine, Bonnie, and Trish. My appreciation also goes to my transcriber Jackie Warawa whose speed and efficiency saved me many hours work. Thank-you Jackie. My gratitude goes to Judy Taylor and Carol Morgan two very special people at the

AARN Library. Judy and Carol it's a pleasure to know you both. Thank you for much more than library "HELP".

To my former professors (University of Manitoba) Joe Von Stein, Hal May, Ron Duhamel, Jenniece Larsen, Linda Ament, and Marcel Boneau, I have a deep gratitude for their belief in me, their words of encouragement, and for their help in empowering me to believe in myself. To all of you many thanks.

Despite all the help given in getting me here this study would not have been possible without the generosity of the nurses who volunteered to share their time and perceptions. I owe them a special thank-you. "Alyson, Anne, Barb, Brenda, Caitlin, DJ, and Sophia" thank-you so much.

Finally, I want to thank my family for understanding and supporting my studies. I particularly appreciated their encouragement when I needed it most. From the "bottom of my heart" thank you family. When I'm not so tired, I'll thank you properly.

Helen

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CHAPTER I

Introduction

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I -
I took the one less travelled by,
And that has made all the difference.
Robert Frost (in Diltz, 1955, p. 57.)

Purpose and Research Objectives

Fifteen years ago, 1979, the Alberta Association of Registered Nurses (AARN) was the first province in Canada to implement the "Entry to Practice 2000 (ETP 2000)". That is, "the AARN supported the 'goal of the baccalaureate degree (basic and/or post-RN) as the minimum educational preparation for professional nursing and that by the year 2000 the baccalaureate degree in nursing be the minimum requirement for entry into the nursing profession in the Province of Alberta'" (Murphy, 1986). By May 1986 the AARN had revised it's position statement and deleted the words 'basic and/or Post-RN' from it's position statement, and appended that statement to "Adequate provision will be made to ensure continuing registration for those diploma nurses registered in the province prior to the year 2000" (AARN, 1986). The AARN stated that it took this entry to practice position "in recognition of the goal of organized nursing and the scope of professional nursing practice. 'Nursing is a process, a discipline and a profession' (AARN, 1986). 'The baccalaureate degree in nursing will enhance ability to provide holistic nursing care within a changing health care system'" (AARN, 1986).

Although the AARN was the first Canadian Provincial Association to implement the ETP 2000 position by 1982 the Canadian Nurses Association (CNA) had also adopted the policy that "by the year 2000, the minimal educational requirement for entry into the practice of nursing should be the successful completion of a baccalaureate degree in nursing" (Murphy, 1986). Today, all Canadian Nursing Associations have adopted that same (or similarly worded) policy towards ETP (Simmons, 1988).

The adoption of these policies have created controversy within the nursing profession. That is, they have stimulated debate (sometime acrimonious debate) on the necessity of the BN/BScN as basic education for the profession (Simmons, 1988). While the literature on ETP shows that the Nursing Associations and Nurse Educators believe that this type of "entry to practice" is the appropriate route to basic nursing education a recent review of the literature also shows that there is a gap in the background information that supports ETP. That is, nurses who practice in basic nursing positions (general duty/staff nurse) have not been asked about the worth of the degree to them.

Although the ETP position was first researched in the mid 1970s, to this date, the question, what is the worth of the Baccalaureate Degree in Nursing, from the general duty/staff nurses' perspective, has not been asked. It is the belief of this author, based on indepth study of the ETP phenomena, that one good way to increase understanding of the worth of the Baccalaureate Degree in Nursing, to such nurses, would be through the words of nurses who have studied and practiced nursing through both the diploma and baccalaureate routes of basic nursing education. In this study a sample of Canadian Registered Nurses was asked to describe the worth of their Post-Diploma BScN Degree to them. Is returning to school to earn such degrees an expenditure or a necessary/worthwhile investment for these nurses?

The aim of the study was to increase understanding of the nurses' perception of the personal and professional worth of their degree. The purpose of the study was to gain information that could be useful to: 1) Other diploma educated registered nurses in their career and/or education decisions; and 2) Nurse educators in facilitating and/or counselling post-diploma nurses in their career/education decisions.

Background to the Study

"Education is not an expenditure; it is an investment". Brian Mulroney, the former Prime Minister of Canada wrote those opening words in his "Foreward" address for Academic Futures Prospects for Post-Secondary Education (Shere & Duhamel, 1987). Since the former First Minister wrote his statement about the worth of post-secondary education many things have changed in the world of Canadian Higher Education. Significant amongst these changes are the fiscal restraints of both Federal and Provincial Governments. These restraints have made increasing financial expenditures a larger part of post-secondary education in Canada. Because of Government restraints, education has become a more monetarily costly venture for those contemplating returning to earn university degrees in Canada. Unfortunately, however, financial changes in government funding of the education systems are not the only changes which make university education more costly for many students today. Federal and Provincial financial restraints and deficits have also facilitated major changes within the Canadian Economy where graduates, or potential graduates, of Canadian Education Systems, are finding themselves in precarious employment situations. The state of these employment situations can also add "costs" for those seeking post-secondary education. It is in the work world that program graduates hope to find employment and where they also find much of the "worth" of the knowledge and skills they take away from their university programs.

Despite these costs of higher education, studies (Arms, Chenevey, Karrer, & Rumpler, 1985; Day, 1987; Kaplan, 1981; Knowles, 1980; Roemer, 1983) do show that adults continue to return to university for higher education. The same studies show the main reasons these adults pursue higher education are for intellectual challenge, vocational concerns, and personal development. They also show that in order to achieve any or all of these goals there can be tremendous personal cost for these students.

In Canada, one group of prospective post-secondary education investors that is being affected by government fiscal restraints is the large body of diploma educated Registered Nurses. If these nurses choose to return to school to earn Post-Diploma BN/BScN Degrees the cost to them has the potential to be enormous. That is because nurses who choose to return to the current education system are not only affected by rising financial costs for education, they are also very much in the forefront in health care cost reduction and restructuring (Banning, 1993; AARN, 1993).

In addition to the obvious costs, noted above, there are other potential costs to nurses who return to school to earn baccalaureate degrees in nursing. These costs can be brought about because nurses who return to school, to earn a Post-Diploma BScN, are: 1) returning as adults with individualistic dispositional characteristics; and 2) entering environmental situations (teaching methods, program counselling, academic requirements) that can affect them in the pursuit of their goals.

While the characteristics that could affect individual diploma-to-baccalaureate nurses educational outcomes would be unique to each nurse, adult educators, such as Malcolm Knowles, have developed a set of characteristics they have found to be common to adult learners. In his text The Modern Practice of Adult Education from Pedagogy to Andragogy (1980) Knowles has delineated adult learner characteristics. Embodied within this delineation are a set of assumptions about adult learners on which those adult characteristics are based (pp. 43-45). It is Knowles belief that his assumptions have implications for the learning outcomes of all adult students. Knowles' assumptions include: 1) as people grow and develop they accumulate an increasing reservoir of experience that becomes an increasingly rich resource for learning - for themselves and for others; 2) while adults may be dependent in particular temporary situations they do have a deep psychological need to be generally self-directing; 3) people attach more meaning to learning they gain from experience than those they acquire passively; 4) people become ready to learn something when they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems; 5) learners see education as a process of developing increased competence to achieve their full potential in life; and 6) adults want to be able to apply whatever knowledge and skill they gain today to living more effectively tomorrow, are in his belief important to adult learning environmental situations.

It is Knowles' belief that his assumptions about adult learner characteristics have implications on the learning climate, the diagnosis of needs, the planning process, the learning experiences, and on the evaluation of learning in the education of adults. He also believes, that despite the effect of what the learner brings to the education system, adults can learn when they are ready to do so and it is the behaviour of the teacher in the learning situation that probably influences the character of the learning climate more than any other single factor (1980, pp. 46-59).

It has been seen in the literature, on nursing education that, like the learners described by Knowles, nurses, who return to school to earn their nursing degrees, enter the learning situation bringing with them not only their adult characteristics but they also bring with them their past experiences (personal and professional) which impact on their learning (Arms, Chenevey, Karrer, & Rumpler, 1985; Beeman, 1988; Beeman, 1990; Burnard, 1990; Happs, 1990; Mast & Van Atta, 1986; Nielson, 1989; Perry, 1986; Raudonis, 1987; Whitman, Graham, Gleit, & Boyd, 1992).

In addition, these same nursing researchers have found that nurses, like any other adult learners (Day, 1987; Kaplan, 1981), also bring a variety of "roles" (other than that of student) to their learning situation. They have discovered that those roles (spouse, parent, registered nurse ...) impact significantly on the nurses learning situations. That is, these additional roles in combination with their adult learner characteristics and past experiences can add significantly to the "costs" of the educational/career aspirations for nurses who return to post-secondary education situations.

To say that these characteristics, experiences, and roles can add to the "cost" for nurses seeking Post-Diploma BScN Degrees can be understood through juxtaposition of Knowles' assumptions about adult learners having implications for educational practice, to the findings of Nursing Education Researchers (such as Arms, Chenevey, Karrer, & Rumpler, 1985; Beeman, 1988; Beeman, 1990; Burnard, 1990; Happs, 1990; Mast & Van Atta, 1986; Nielson, 1989; Perry, 1986; Raudonis, 1987; Whitman, Graham, Gleit, & Boyd, 1992). These researchers found that: 1) nurse education must take the nature of the person into consideration; 2) nurse educators do not always practice with consideration for the adult characteristics of nurses; 3) nurses returning to school to earn Post-Diploma Baccalaureate Degrees sometimes find that the system does little to facilitate the needs of RNs; 4) the educational system and its requirements infringe on the nurses personal lives (having a tremendous strain on family resources, and jeopardizing family life); 5) the perceived lack of faculty respect or support (for nurses as adults with previous experience and accomplishments ...) has negative effect on the nurse learners causing them anxiety and frustrations; and 6) to insure the quality of nursing education and the availability of knowledgeable and competent graduates, nurse educators must be responsive to the learning needs of their adult learners.

To this point, the potential costs for earning University Post-Diploma Baccalaureate Degrees in Nursing to Registered Nurses have been presented. Nothing has been said about the potential worth of these degrees because no relevant information, on the worth of the Post-Diploma Baccalaureate Degree in Nursing to Canadian nurses who have earned them, has been found in the literature. These reviews do show a plethora of evaluative material through which an understanding of nursing baccalaureate education programs, from the nurse educator's perspective, can be gained (e.g., Beeman, 1988, 1990; Bevis, 1988, 1989; Bottoms, 1988; Gillis, 1989; Gerrish, 1989; Garbin, 1991; NLN, 1988 ...). The same review shows a paucity of material from which one can gain an understanding of the worth of the BN/BScN from the diploma-to-baccalaureate nurses' perspective. Only one paper (Bottorff, 1986) was found to contain some information on the "worth" of the post-basic baccalaureate degree to a small group of registered nurses. That study, while done by a Canadian nurse, is not a Canadian content study.

Because of job loss, unemployment, and underemployment, the restructuring of the Health Care System is having a serious effect on the work life of Canadian Nurses (AARN, 1993). That effect can, by extension, have significant impact on education choices that Registered Nurses make. Despite the precarious work place situations and the financial costs of university education, statistics (Paton & Lobin, 1992) do show that many nurses are choosing to return to earn Post-Diploma BN/BScN Degrees. It is for these nurses that the understanding of the worth of the Post-Diploma BN/BScN to diploma-to-baccalaureate nurses is important now. It is important because for nurses who return to school, despite the socioeconomic situation, there is no current information on the worth of the Post-Diploma BScN from the perspective of nurses who "have been there".

This exploratory study is the beginning phase of a process wherein a sample of Canadian Registered Nurses were asked the worth of the post-basic BN/BScN to them. For this study, a small group of such nurses was asked to share their perspective on the worth of their degrees to them, both personally and professionally, since they have earned it.

Study Definitions

In this study, the concepts "worth" and "cost" extend beyond the "dollars and cents" meaning of which the former First Minister wrote, in his Foreward for Shere and Duhamel (1987). The extended definition incorporates the terms usefulness, consequences, effective, advantage, beneficence, rewarding, and of enough value to repay the effort/cost. The concept "Cost" includes any barrier the nurses believe would inhibit the worth of the degree.

Modified dictionary definitions of the terms expenditure and investment have also been developed by the researcher for the study. In those definitions expenditure means outlay, expending, paying out or spending (money, care, time, on object, in doing) and investment means to devote, commit or use (time, money, capital) with the expectation of profit (gain, return, improvement), to spend or use money (or time, and effort) to make an investment (Sykes, 1982; Funk & Wagnalls, 1982).

Relevance to Nursing and Nursing Education

Understanding the worth of the post-diploma BN/BScN is important at this time because the information gained, may be of use in helping other diploma educated nurses in their career/educational decisions (for example, whether or not - given the current socio-economic ramifications on the nursing profession - to seek a BN/BScN themselves). Understanding the nurses' perspective may provide information that can help diploma nurses who do choose to earn a post-basic BN/BScN degree. For instance, the study findings may provide material that could: 1) enable other diploma nurses to avoid unnecessary/unwanted stresses; 2) enable such nurses to be more selective in choosing the most appropriate (for them) school/faculty for nursing; 3) help to show which courses are appropriate or inappropriate for these other nurse learners; and 4) give indication to other diploma nurses of the extent of the challenges/rewards of earning the BN/BScN degree. Findings from the study may also be beneficial in helping nurse educators with a deeper understanding of the study nurses' perceptions of the worth of their degree. That information may also be useful to nurse educators in facilitating and/or counselling post-diploma nurses in their career/educational choices and decisions.

CHAPTER II

Literature Review

Nurses Who Return to School

Profiles of nurses pursuing post-basic university studies (e.g., Arms, Chenevey, Karrer & Rumpler, 1985; Green, 1987) show that most are women between the ages of 30 and 45 years. They are (or were) married, have dependent children and are working full- or part-time. For these nurses, who are balancing career and personal concerns against the need for further education, attending university as an adult learner is a decision that is potentially costly in many ways. Examples of such possible cost inducing variables are: 1) high degrees of self-image and ego-involvement related to such things as a) required repetition of previously mastered nursing experiences, b) the nurses' confidence in their ability to grow, change, and learn, and c) their fears and hesitations that grow out of the recognition that they come from backgrounds that differ from those of their fellow students and/or teachers; 2) the altered life-styles that nurses may face due to time commitments to home, work, and school life; 3) for some nurses accessibility to post-diploma programs many involve time away from home or major moves for the family; and 4) at times conflicting schedules must be dealt with to allow the nurses to pursue their work, family, and study commitments (Arms et al, 1985; DuGas & Casey, 1989; Knowles, 1980).

Academic Considerations - The Cost

For nurses who seek to upgrade their education there are several other "costs" beyond those presented in the introductory chapter (for example, job loss and reorganization of the health care system) with which they must deal if they choose to return to school to earn higher education in nursing. For example, they not only have to decide between different types of education (i.e., post-diploma nursing degree, nursing certificate) they must consider what different faculties/schools have to offer them academically.

Beyond those decisions the nurses must also consider that despite high tuition (the cost of one year of nursing baccalaureate education can approximate $2500.00 per year for tuition alone {personal communication, Fees Department, University of Alberta 1992-93}), funding for nursing studies has not been good and may get worse with cuts to education by provincial and federal governments (Hardy, 1987). Funding has also been particularly difficult for married women because grants or loans to these women are often dependent on spousal income (Perry, 1986). Nurses who choose/have to study on a part-time basis also have difficulty with funding assistance as scholarships and grants are generally given for full-time study (Perry, 1986).

Under such circumstance nurses returning to school must make major financial decisions. That is, they must decide to leave their jobs to study full-time and be eligible for scholarships; carry a full load of family, work, and study; or study part-time and continue to work and finance their studies themselves.

Psychosociological Costs

There are also several psychosociological costs with which nurses who choose to return to school must deal. For example:

1) While baccalaureate and diploma prepared nurses differ in several fundamental ways (i.e., length of educational programs, what they are taught, their program outcome expectations), when they are hired in hospitals, their job descriptions and salaries are often comparable (Cragg & Cairns, 1987; Paton & Lobin, 1992).

2) Nurses who do return to school know that salary and job description will remain as they currently are, as long as governments find that nurses do not need a BN/BScN to practise general duty nursing in Canada (Nursing Report, 1992);

3) Nursing employment positions and salaries are often based on time in position so nurses who choose to leave their job, take a leave of absence, or reduce work hours to attend school, may return to the work world to find themselves paid less than those who did not return to school but stayed "on the job" and accrued hours of seniority;

4) There is the chance of "strained relations" between them and diploma nurses when they return to the work place as general duty nurses. For example, Cragg and Cairns (1987), in their study with generic and post-diploma

degree nurses, found while much of the work related dissatisfaction voiced by their study participants centred on the issue of pay (i.e., some of the nurses felt that degree nurses should not be paid more that diploma nurses who "were doing the same job") they also found the degree nurses felt a sense of alienation. These nurses felt there were social differences grounded in the differences of nursing education.

5) Due to work experiences, nurses who choose to return to school to earn degrees know there is another issue that likely will not change for them when they return to the work world. That issue is that traditionally North American nursing has operated under oppressive patriarchal ideology (Chinn, 1991; Krieger, 1991; Miller, 1992; Sampselle, 1990; Sohier, 1992; Valentine 1992). Until the nursing profession can reform that dominance and power (Gillis, 1989) into equality in the work place, nurses who have returned to school to earn nursing degrees know that they will be returning to (or remain in) work situations where they will still be limited in the utilization of their nursing knowledge and skills (Chinn, 1991); and

6) Nurses who leave employment positions, where they have accrued seniority, to return to school to earn Post-Diploma Baccalaureate Degrees in Nursing know that today they can no longer leave school, having earned their degrees, and expect to find employment in the health care field (AARN, 1993; Banning, 1993; Canadian Nurse Management, 1992).

Despite The Costs

Despite such costs nurses have returned to university in increasing numbers to earn post-diploma baccalaureate degrees in nursing. From 1981 to 1991, the proportion of Canadian nurses (data were not gathered in the Province of Quebec) graduating from university with post-basic baccalaureate nursing degrees increased each year (Paton & Lobin, 1992). This increase is particularly true in British Columbia (BC), Alberta (AB) and Manitoba (MB) where access to post-diploma baccalaureate programs is facilitated. In these provinces Post-RN degrees are available through distance delivery. There too, with the help and co-operation of health agency nurse administrators, some BN/BScN courses are taught on hospital sites by university professors (Richardson, 1992).

The Facilitator/Educators

To facilitate the education endeavour of post-diploma nurses, nurse educators assess these nurses' perceived needs and then develop, define, deliver, and evaluate nursing education program expectations. Nurse educators recognize that the practice of nursing has changed considerably in the last few decades to match the rapid pace of change in society. They further recognize that the process of nursing education must change to meet the demands and expectations of society. For example, Gillis (1989) in her paper Beyond the rhetoric: benefits of a baccalaureate education for nursing examined the benefits and value of expanding the education base preparation for nurses. To do this she presented arguments to support the personal and professional benefits of a baccalaureate education for nursing. Gillis argued that:

1) "One of the most important missions of the university is the maturing development of the individual. The aim of university is to produce fully-functioning human beings" (Gillis, 1989, p. 5);

2) "A university education should focus as much on the development of the person (nurse), as on the knowledge, skills and attitudes that are specific to the preparation of a given profession" (Gillis, 1989, p. 5);

3) "The mission of the university is the enrichment of the personal self through the development of an intellectual base in the sciences, the liberal arts and the humanities";

4) "A liberal education should provide the foundation to foster personal well-being and continuing growth. This implies a process of self-actualization and the development of an intellectual curiosity which promotes the ongoing search for knowledge for the joy of learning" (Gillis, 1989, p. 6);

5) "The mission of the university is the enrichment of the personal self through the development of an intellectual base in the sciences, liberal arts and humanities" (Gillis, 1989, p. 6);

6) "The purpose and advantages of a baccalaureate education for nurses are many and varied and are not limited simply to a greater quantity of knowledge. The purpose of a baccalaureate education is to prepare graduate

nurses who possess the necessary knowledge, skills and attributes to be responsible and accountable members of the profession" (Gillis, 1989, p. 6);

7) "One of the most important challenges of a baccalaureate program is to produce nurses who have the depth and quality of knowledge to allow them to reach their full potential as practitioners of the humanistic science of nursing ..." (Gillis, 1989, p. 6) and

8) "A liberal education fosters in students the development of attributes needed for life-long learning" (Gillis, 1989, p.7).

In her paper Gillis presented the above criteria as essentials necessary for nurses to benefit from Baccalaureate Education in Nursing. Gillis then questioned how well the Canadian System of Baccalaureate Education provides these essentials. Gillis however did not really answer her own question. To gain some understanding of how well Canadian Universities do provide these essentials, for this study, the researcher corresponded with a selection of nurse educators from several universities across the country. From that correspondence the researcher learned that the missions and goals of those educators schools and/or faculties do have a high degree of congruence with Gillis' essential criteria. For example: 1) The School of Nursing, Memorial University of Newfoundland Bachelor of Nursing Program is designed to provide students with a liberal education which prepares them to be direct care-givers, teachers, counsellors and advocates. In this University the student is the central focus of the educational programme in nursing. Preparation for the student nurses requires a broad knowledge base not only in nursing and health sciences but also in the humanities and the natural and social sciences. The nurse's previous experience and education is used to enhance their knowledge base and competencies and increase their ability to apply current knowledge from nursing and other disciplines in any client care environment. The program educators recognize and facilitate learning as a continuous life-long process; 2) The University of New Brunswick students of nursing are provided with a "caring learning environment" conducive to the development of skills of inquiry, excellence in nursing and a foundation for further study. There is an intentional blending and application of the concepts from nursing, liberal arts, and sciences that are essential for holistic nursing praxis; 3) The University of Manitoba Post-Diploma Baccalaureate Degree in Nursing Program is a two year baccalaureate program specifically designed for Registered Nurses, which acknowledges their previous knowledge, skills, and abilities and recognizes that adult learners have specific characteristics and learning needs; 4) At the Faculty of Health Sciences, McMaster University, the post diploma programme builds on the existing knowledge of the adult learner who is an experienced health care professional. The educational process is "learner-centred" and the programme aims to prepare a self-directed practitioner equipped with the skills required for life-long education and the ability to solve problems, think critically and assume leadership roles. Learning is seen as both a process of inquiry and a skill which is developed as a life-time activity and which takes place in an environment conducive to openness and sharing among faculty and students. Program graduates are expected to be able to practice in a variety of health care settings, in the present and in the future, and to have the necessary skills for life-long learning; and 5) The University of Saskatchewan College of Nurses provides a broad educational background that facilitates the graduates' continuing professional development and personal fulfilment. Education at the College is a learner-centred process of inquiry and discovery which involves the learner and facilitator in a dynamic relationship leading to change and growth in each individual. The faculty believes that the educational programs of the College of Nursing should provide a broad general education, preparation in professional nursing. It further believes that education in nursing is a continuing systematic process which provides for the development of the individual and for the realization of his/her potential for carrying out the nursing roles inherent in the health practices of our changing society.

Meaning Of Nursing Education In Relation To Others

In relationship to educational beliefs of others there is a high level of congruence between Gillis' (1985) findings, the goals of the selected Canadian University Faculties/Schools of Nursing, and the words of educator and philosopher John Stuart Mill and adult educators such as Malcolm Knowles. For example, Mill believed, "What professional men should carry away with them from a university is not professional knowledge, but that which should direct the use of their professional knowledge and bring light of general culture to illuminate the technicalities of a special pursuit" (cited in Shere & Duhamel, 1987, p. 107). In expressing beliefs about professional education that are comparable to those written by Mills, Knowles, wrote, "We now know that in the world of the future we must define the mission of education as to produce competent people - people who are able to apply their knowledge under changing conditions; and we know that the foundational competence all people must have is the competence to engage in lifelong self-directed learning ..." (1980, p. 18).

Society and Nursing - Lifelong Learning

Mill's and Knowles' beliefs have significant implication for nurses (and by extension nurse educator/facilitators) who return to school to earn post-diploma degrees in nursing. This is so because education changes do reflect societal changes. Nurses educated today will have to function to meet societal needs in the coming decade(s). While education content of today will be different in the next decade, nurses will have to be able to use their knowledge under changing conditions. To remain competent in a changing world they will have to engage in lifelong learning (Kerr, 1991; Rovers and Bajnok, 1988).

Cost of Educational Change - Expenditure or Investment?

Despite the eloquence and intentions of educators in regards to university programs/education and despite the increased enrolment in such programs (Pattom & Lobin, 1991), nurses who return to earn post-diploma (BN/BScN) degrees continue to have difficulty with the "costs" to them during their years at school and beyond. Various researchers have show that when some of these nurses return to the general duty work world post-degree they become disillusioned and leave the profession altogether. These nurses find that their working conditions do not meet the ideals of the nursing education systems (Mabbett, 1987; Schultz, 1987; Todd, 1989; Wilson, 1987). Such nurses then choose to leave the profession. The same studies show that the majority of diploma-to-baccalaureate nurses do remain within the profession. For these nurses what is the worth of the BN/BScN to them?

In her paper on Benefits of a Baccalaureate Education in Nursing, Ellis (1989, p. 7) wrote of an extensive review of the literature by McClosky (1981) in which McClosky noted that there is a high level of congruency between the goals of Baccalaureate Education and the outcomes for the graduates. As there is no literature on the worth of their BN/BScN degrees to Canadian Diploma-to-Baccalaureate nurses who remain in the practice of nursing after earning their degrees this study was designed to begin to answer that question.

CHAPTER III

Methods

Study Assumptions

Three basic assumptions of the researcher (adapted from Paton, 1982, 1990) are important to this study. These assumptions are:

1) Interviewing allows entry into the nurse's world;

2) Nurses are capable of being explicit. That is, they describe their perspective based on their perceptions;

3) The nurse's perspective is meaningful and knowable.

Exploratory Design

When very little is known about a subject, qualitative research methods are appropriate (Field & Morse, 1985). As no studies had been found, in which Canadian diploma-to-baccalaureate nurses have been asked their perceptions of the worth of their degree, this exploratory study was designed and undertaken. This type of design is most suitable for many reasons. It is suitable for answering the research question because it allows in-depth exploration and description of the participants perception of the subject. The design is flexible and allows the researcher to discover new phenomena or to gain new insights. With this method the researcher can return to the same subjects for verification and/or to ask for missing information. The design allows the researcher to share with participants what is being studied and why. It also allows the researcher to tell them what aroused his/her interest in the

The Interviews

Seven general duty/staff nurses participated, as informants, in this study. Eleven nurses had contacted the researcher indicating willingness to participate in the study. Seven of them responded to an advertisement in the AARN September, 1993 Newsletter. One nurse contacted the researcher after being told about the study by a friend who had volunteered for the study. The researcher spoke to all volunteers via telephone and thanked them for their interest in the study. Appointments were made with six of the first seven volunteers who had responded to the September advertisement. The seventh nurse did not meet the study criteria as she was not currently in bedside nursing. The remaining three volunteers responded to a second advertisement, November 1993, and were told they might not be needed in the study. They chose to remain "on-call" and were contacted and thanked by the researcher when the final decision was made that they were not needed for this study.

Location of interviews was arranged according to the wishes of the participants. It was anticipated that some of the participants would want to be interviewed in their own homes and some did. Others preferred to meet at the interviewer's home, their own office, or at the university. Interview times were arranged to the mutual satisfaction of the researcher and the participants. Consent was obtained, in writing, from all participants (see Appendix B). One copy of the signed consent form was given to each informant and one copy was retained by the researcher. There were no nurses who wished to participate via telephone interview although allowance had been made for that in the design of the study. All nurses who began the study remained with it through completion of the study.

All informants were interviewed twice. A third visit was undertaken to verify/confirm the researcher's understanding and/or analysis of their perception of the "worth of the post-diploma baccalaureate degree in nursing".

Data Collection

Data were collected through tape recorded face-to-face interviews with the informants. Each initial interview session was begun with: 1) The researcher sharing with the participants what was being studied and why; 2) the researcher and the informant reviewing the consent form (see Appendix B); 3) the offering of written information to the informants; 4) a brief question and answer period about the research project; and 5) the informant and the researcher co-signing the consent forms. To facilitate the opening discussion at the beginning of the first interviews the informants were asked to share why they had decided to earn their post-diploma degrees in nursing. From this sharing the dialogue was then guided by the research question, "What is the worth of the Baccalaureate Degree in Nursing from the perspective of the post-basic baccalaureate nurse?" Four (see Appendix D) open-ended questions were utilized to assist in guiding the interviews. These questions started at the broad level of the prime question but were increased in depth and specificity as the interviews progressed.[1] That is, as the nurses dialogue prompted the researcher to think and expand beyond the initial four questions she pursued the areas (opened by the nurses) that were relevant to the worth of their degrees. The researcher was also prepared to insert a brief question that turned the conversation back to the concrete perceptions if a participant started to generalize, or if she appeared to be blocked. Examples of such prompting questions are: "Can you give me an example?" or "What is it like...?" and "So you say that...?"

Throughout the various interviews the nurses were asked to give examples (anecdotes) of their perceptions of the worth of their degree. They were also encouraged to share what it was like for them at the time of these happenings.

For all interviews a small table-top tape recorder and "mini mic" were used to record the data. Alyson, Brenda and Caitlin chose to meet each time with the researcher in the living room or family room of their own homes. In each of these cases children and/or family pets were either in the room of in the house during the interviews. Sophia and Barb met in the researcher's home for all visits. Anne was met twice in the researcher's home and once at the University. DJ was met twice in her office and once in her own home. In each case researcher and informant sat facing one another and sometimes shared coffee during the interview. When possible, to reduce distraction, the tape deck was placed out of sight and the "mic" was placed on the table between informant and researcher. The researcher was watchful of the time span of each interview and drew the interview to conclusion when the informant seemed to have nothing further to say, began to look tired, or the allotted time had elapsed. At times, the meeting ran beyond the interview as the participants wanted to stay and share beyond the research question. Most meetings ran approximately one hour. Only one meeting ran beyond the two hour limit.

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[1] Since the purpose of exploratory studies is to uncover something that has never been examined before, the data control the investigator. What is found directs further questions and observations. The investigator needs to have the flexibility to "go with the flow" (Brink, cited in Brink and Wood, 1989, p.p. 144-145).

The purpose of the first interviews was to establish a trust relationship with the participants, to obtain demographic information, to allow the nurses to become accustomed to the interview procedure and the tape recorder, and to set the pace for subsequent, more focused interviews. At the first interview participant demographics were gathered by the researcher. These demographics assisted the researcher with data analysis and with comparisons to other studies. Between interviews each transcript was transcribed verbatim by an experienced transcriber. Once the transcripts were returned to the researcher she compared the transcripts to the tape recordings and filled any transcript gaps and/or made corrections where necessary. The transcripts were then read and reread by the researcher so points that needed to be clarified were identified. Any such points were noted and addressed at the following interview. The first round of interviews was completed with all participants before the second round began. At the beginning of the second interview the participants were reminded of the aim and purpose of the study. They were then asked for feedback about the accuracy of the themes that emerged from the researcher's preliminary analysis/understanding of the first interview. In addition to verbal discussion of the researcher's findings to facilitate the participant feedback each of the nurses was given a two page overview of the researcher's analysis/understanding of what they had shared to peruse. Points of clarification were then addressed and informants were also asked if there was anything else they wanted to add or share. Prior to the writing of the report (thesis) the researcher met with all informants for a third meeting to obtain feedback and verification or confirmation from them, that the researcher had analyzed and understood correctly what they had shared.

Throughout the study, field notes were kept by the researcher. Those notes were written records so nuances of the setting, context, and "body language" that could not be tape-recorded would not be lost. The notes were important in describing detail of the physical environment and the interpersonal environment - how the respondent looked, sat, facial expression, and tone of responses. Those objective data were recorded by the researcher immediately after each interview. A research journal was also kept to record the researcher's subjective thoughts, reactions, general impressions, feelings, biases, assumptions, and so forth, that might affect data collection and analysis.

Content Analysis

A content analysis was conducted on all of the 14 interview session transcripts and on the data of the confirmation visit, according to the approach described by Miles and Huberman (1984). Data analysis was conducted concurrently with data collection. This allowed for the inductive development of rich, meaningful, description of the perceptions of the worth of the baccalaureate degree. This was enhanced by validating, clarifying (with the informants), and expanding the analysis results from the initial to subsequent interviews. For data analysis, the tape recorded interviews were transcribed verbatim (including pauses, laughing, and sighs) and the field and journal notes were consulted and considered during the analysis process. The analysis process began with first-level coding, second-level or pattern coding, and then proceeded to the derivation of more general themes. The data codes are the categories that brought a lot of material together permitting analysis. They are abbreviations that were applied to word segments, sentences, or paragraphs of transcribed notes. They were used as retrieval and organizing devices that allowed for summarizing, and classifying data segments. The first level codings were descriptive codes that entailed no interpretation. They simply allowed the researcher to assign descriptive code names to phrases, sentences, or groups of sentences. These codings were pencilled in on the left-hand margins of the transcripts. Pattern codes used by the researcher are explanatory or inferential codes. They identified emergent themes, patterns, or explanations that the site suggested to the analyst. They helped pull material together into more meaningful and parsimonious units of analysis. They were utilized as a sort of meta-code (Miles & Huberman, 1984).

While first level coding was a device to summarize segments of data, pattern coding was utilized as a way to group the summaries into a smaller number of overarching themes or constructs (Miles & Huberman, 1984, p. 68). Throughout the study first level and pattern coding names were developed when possible. As the data collection and analysis progressed the codes were revised and/or broken down into subcodes if necessary. The pattern codes were used in several ways, as according to Miles and Huberman (1980). That is: 1) They were added in tentative form to the list of codes, and tried out on the next set of transcribed field notes; 2) Through an inferential process they were checked out in the next set of data collection; and 3) The most promising ones were written up in form of a "memo" that expanded on the significance of the code. This process helped the researcher become clearer about the theme or category.

Memoing, the third component of data analysis, was conceptual in intent. It helped tie different pieces of data together in a cluster, or showed that a particular piece of data was an instance of a general concept. The researcher wrote memos throughout data collection and analysis. Memo writing helped move the raw data together. It also helped refine and expand codes, develop key strategies, and generate propositions that could be confirmed or denied by the participants.

The study memos were entitled with key concepts under discussion, and anchored to reflections and commentaries from the field and/or journal notes. These reflections and commentaries added meaning and clarity to the data and suggested new leads or interpretation. Memoing began as soon as the data collection began and continued right up to the production of the final report. Recurrent memoing was given priority as it reflects an idea as soon as it has occurred. The memoing for the study was initially kept in form of notes in the right hand column of the transcripts and/or in small individual notebooks utilized to keep notes on each of the informants (as the writing progressed memoing was recorded on the researchers home computer). These notes were also compared and contrasted to one another so that the researcher could return to the informants (second and verification visits) to clarify or inquire within/between sites for new information. To assist analysis and final write-up, the researcher used both manual techniques and computer (WordPerfect 5.1) split screen features on a home computer to "cut- and-paste" data from the individual transcripts. With the computer the upper screen was used for the working copy while the lower screen was used to draw up and collate the various transcripts when necessary.

To facilitate the analysis, during confirmation meetings with the informants, point-form, two or three page, report forms, which contained a synopsis of the researcher's findings, were shared with the participants for their perusal and comments. When the informants had confirmed that the researcher's analysis and understanding (themes and descriptions) was true to what they had shared a coded number system (For example, Al 1-1-1 refers to informant Alyson, paragraph one, page one, of transcript one) was added to facilitate the data analysis.

Storage of Data

All coded tapes and original transcriptions are stored in a locked cabinet. Identifying data was removed at the time of transcription. Any material, such as consent forms, that in any way identifies the participants is kept strictly confidential and is stored well away from the tape recordings and transcripts. Materials will be kept for at least seven years. They will be opened to potential secondary analysis with proof of ethical clearance from the appropriate sources at that time.

Reliability and Validity

There are no canons, rules, algorithms, or even any agreed upon heuristics in qualitative research to indicate whether findings are valid and procedures robust (Miles & Huberman, 1984, 1994; Strauss & Corbin, 1990). It is agreed however, that the researcher may be viewed as the primary instrument or measuring tool (Brink & Wood, 1985; Field & Morse, 1985; Miles & Huberman, 1984, 1994; Wilson, 1985). The reliability and validity of this study rests primarily on the abilities and qualifications of the researcher. In support of the idea of the importance of the researcher as human instrument in qualitative studies, Krefting (1991, p. 220) cites Miles & Huberman's (1984) philosophy, "The essence of the credibility issue is the unique authority of the researcher." That is, the "I was there element".

To strengthen the idea of researcher credibility, Krefting delineated Miles and Huberman's four characteristics that are necessary to assess trustworthiness of the human instrument. These characteristics are: "a) the degree of familiarity with the phenomenon and the setting under study; b) a strong interest in conceptual or theoretical knowledge and the ability to conceptualize large amounts of qualitative data; c) the ability to take a multidisciplinary approach, that is, to look at the subject under investigation from a number of different theoretical perspectives; and d) good investigative skills, which are developed through literature review, course work, and experience in qualitative research methods" (cited in Krefting, 1991, p. 220).

In testament to this researcher's ability to meet those criteria for this study the researcher's educational background, Baccalaureate in Sociology/Psychology (University of Manitoba), Master of Education (University of Manitoba), and Nursing (Master's Candidate, University of Alberta); her experience in nursing (diploma as education basis) education settings (student and teaching assistant); and qualitative study experience, as a graduate student (under Dr. Janice M. Morse PhD [Nursing], PhD [Anthropology]) suggest these criteria were met.

Where the investigator lacked skill and experience in qualitative research, assistance was obtained from the thesis committee. To enhance the trustworthiness of the researcher additional steps were taken. That is the researcher: Utilized committee members for consultation, guidance, and feedback; improved interviewing skills by having a thesis committee member review two full interview transcripts and provide feedback to the researcher; used the coding methods as outlined by Krefting (1991, p. 221). That is, conducted a code-recoded procedure on data during the analysis phase of the study. After coding a segment of data, the researcher waited at least two weeks and then returned and recoded the same data and compared the results. Other methods of reliability utilized are that the researcher; (1) had a thesis committee member independently code a segment of data and compare and cross check this with a segment of researcher's coding and definitions (2) was mindful of researcher bias and/or going native (Field & Morse, 1985, p. 93; Miles & Huberman, 1984, p. 230).

It is important to represent the perceptions of the nurses as they report them. In this study another way to have valid data (that is, to ensure that the researcher had identified what the informants have said) was to have the nurses read the themes and descriptions, and then give their feedback about whether or not the researcher had identified their meaning correctly. Additional strategies were built into the design of the study to enhance validity. These strategies included the tape-recording of the interviews and the researcher's search for negative cases. Strategies for enhancing the verifying of similar meanings were built into the study. In this case the researcher: 1) Utilized repeated interviews with each informant (where in some instances questions were repeated or reframed) as a check for consistency in responses; 2) kept detailed recordings of the methods of data collection and analysis used in the study; and 3) used guided interview questions as strategies chosen to enhance validity.

Role of the Investigator

As a primary requisite of the researcher's role this researcher guarded against preconceived notions, expectations, or frameworks guiding the researchers data gathering. For these reasons the investigator approached the informants with an open mind, accepting data that were given. In this study the investigator collected verbatim data through taped conversational interviews. As each interview was transcribed the material was read, and reread several times. Codes and themes were identified. The preliminary analysis was then given to the participants to read at the beginning of the second interview for verification. A third meeting took place with each participant after transcripts from both rounds of interviews were analyzed. Each informant was given a copy of the themes and descriptions that had emerged from her transcript to read. The researcher and the informants discussed the findings and the nurses offered the researcher their feedback as described in the data collection and analysis sections.

Ethical Considerations

When preparing a proposal with human subjects the political and ethical ramifications must be considered. When the proposal for this study had been approved by the thesis committee, ethical approval was sought from the Ethics Committee of the Faculty of Nursing, University of Alberta. When ethics approval was obtained participants were solicited as described earlier.

Nurses who agreed to become participants were given a full explanation of the research project. The explanations included the purpose and the extent of participant involvement. The potential participants were told that participation was strictly voluntary and that anyone agreeing to take part could withdraw at any time just by informing the researcher. They were also informed there was no penalty for withdrawal and the benefits to them was only that gained from the sharing experience. That is, there was no monetary payment for participation.

Participants were discouraged from sharing with the researcher any materials that they did not want in the final report. For example, they were reminded that the tape recorder would be used and that the researcher preferred not to be privy to information that would have them ask to turn the recorder off. Explanations in regards to confidentiality were given. That is, the nurses were told that their names would be removed from tapes and not included on the transcripts, in the research report, or any published articles. They were told that the data, including the taped interviews and researcher notes will be kept in a locked area by the researcher. They were also informed that if the material is to be used at another time (secondary analysis of the data) approval of the appropriate ethical review committee will be sought. The nurses were told that their exact words might be used in reports or presentations but their names would not be attached.

Nurses who agreed to become participants were required to sign an informed consent form. The informants were given a copy of the consent form and they were offered written explanatory materials to keep for themselves. All participants were provided with a phone number at the Faculty of Nursing (thesis chair) so they had opportunity to validate the information above. Participants were offered a summary report upon request.

In summary, seven female informants participated in this exploratory study. Data were collected via tape recorded semi-structured interviews. The recordings were transcribed verbatim. The content analysis approach of Miles and Hubermam (1984) was used to guide the collection and analysis of the study data. Use of Miles and Huberman's guidelines assisted the researcher in identifying patterns, constructs, and themes relevant to understanding the worth of the Post-Diploma BScN Degree to the study participants. Measures were taken to ensure reliability and validity of the results. Ethical considerations (including data storage and researcher responsibilities) were also addressed.

The Study Sample

A non-probability, purposeful sample (Morse, cited in Chinn, 1986) of informants was selected for the study. The nurses in the study met the criteria that were preset by the researcher for inclusion in the study (see Appendix A). These nurses were willing and able to talk about the worth of their post-diploma BScN degrees in nursing.

As part of the criteria, nurses who worked in general-duty/staff, direct client/patient care positions were sought for the study. The decision to limit the study participants, to nurses who worked in this capacity, was made because of the researcher's interest in the worth of BN/BScN to diploma nurses who work in "grass-roots" positions in light of the Canadian Nursing Associations' "Entry to Practice 2000" (which stipulates that the Entry to Nursing Practice in Canada, by the year 2000, be through university based Baccalaureate Degree Programs in Nursing).

Study participants were also required to have at least two years experience as diploma nurses and at least two years experience as baccalaureate nurses. The two year time frame pre degree was considered to be a reasonable length of time to allow the nurses to advance from the beginner phase and develop to a level of confidence and competence in the practice of nursing (Benner, 1984). The two years experience post degree was likewise considered to be a reasonable time to allow the nurses opportunity to reflect on the usefulness of the BN/BScN.

The nurses who participated in the study were willing to consent in writing to participate. They were also willing to contribute the time commitment for interviews and for the reading of the researchers summaries. They were willing to review and comment on the findings of the study.

Participants were solicited for the study through advertisements in the Alberta Association of Registered Nurses (AARN) Newsletter (see Appendix A) and/or through snowball (participants were asked if they knew someone who would be interested in participating in the study) sampling. Nurses who were willing to participate were given explanations of the study sufficient to meet informed consent (see Appendix B).

It was estimated that few participants would be needed because of the detail of the complete descriptions (Omery, 1983). Initially three informants were selected and interviewed, and the data analyzed. The selection of participants then continued until there was agreement between the researcher and the thesis chair that no new information was being gathered, there were no gaps in the data, negative cases had not been found, the themes were clearly defined and had been confirmed (Morse, cited in Chinn, 1986).

A total of seven female informants (throughout the study the terms participants and informants are used interchangeably) participated in the study. The participants had graduated from their basic diploma (2 + years Community College and 3 year Hospital) programs 8 to 20 years prior to participating in the study. They have from 2.5 to 17 years experience as diploma nurses. The number of years since graduation from their Post-Diploma BScN programs ranges from 2 to 12. They have from 2 to 10 years of experience as baccalaureate nurses.

The current age range of the study participants is from 28 to 41 years. At the time they returned to school they were from 24 to 33 years of age. Only four of the participants were married prior to attending university. Two of these four each had two adolescent children at home. One of the others became pregnant and had her first child during the second year of her program. The other three were single and had no children.

At the time of this study three of the nurses were on maternity leave from their nursing positions (two of them returned to work before the study was complete). Five of the nurses work in part-time nursing positions (one of these five also has a second career other than nursing). One of the informants works a .5 (equivalent to a half-time position) casual position and one works full-time with the military.

All but one of the study participants had some university study prior to entering their baccalaureate programs. Six of the informants had completed most, if not all, non-nursing courses through distance education. One informant had attended university full-time prior to entering diploma nursing. The remaining nurse did not study in a university prior to attending her BScN program (on campus) on a full-time basis.

In choosing to earn Baccalaureates in Nursing five of the nurses based their choice of attending university near "home" on family and/or economic reasons. The other two nurses chose to move from other provinces to do their baccalaureate programs. One of those two had begun a BScN program in another province and left that program when she was able to find employment in nursing. She subsequently made the decision to move from her home province to complete her degree. The second of these two made a deliberate decision as to which university program in which she wished to study and moved from another province for that purpose.

To supplement university/study financial costs two of the married nurses worked full-time while attending university. Three unmarried nurses had saved money to return to school and only worked on a casual basis once they began full-time study. One of the three moved home with her parents, one shared an apartment with other nursing students, and the third nurse was accepted into the military during the second year of her program and from then on studied full-time as a salaried military nurse. One of the other nurses (married with two children) was not working due to a nursing strike and "lock-out" so she chose to attend university full-time to complete her degree at that time. The seventh nurse (married with two children) had finished all but her nursing courses prior to attending full-time studies and worked in a casual position while attending her nursing classes. In addition to working full or part-time to support their studies the nurses were also supported by grants, loans, bursaries and/or scholarships.

Of the seven nurse participants, five still work in the same type of setting in which they worked prior to obtaining their degrees. Three of the seven informants work in Home Care. Two of these nurses are in the same position they held prior to earning their degrees while the third became a Home Care nurse post degree. Three study informants work in hospital settings (one of these nurses had moved out of hospital after earning her degree but later chose to return to hospital nursing after working in other areas). Two nurses maintained their pre degree hospital positions. The seventh informant, as was stated, is now a military nurse.

All but the military nurse are now married with one or two children. Three of the seven nurses continue to take some form of continuing education programs since earning the BScN. Six of the informants plan to earn advanced degrees in Nursing, or a related field, in the future. None has made a specific plan to do so, as yet.

In Chapter IV study findings are presented. The fictitious names Alyson, Anne, Barb, Brenda, Caitlin, DJ, and Sophia, that were chosen by the participants as pseudonyms, are used to identify the participants throughout the remainder of the study.

CHAPTER IV

Findings

> Reality is the same for everyone. The difference between yours and someone else's is your perception and reaction to it. No two people have the same awareness. No two people have the same background and experiences and so their way of perceiving life - their values, concepts, beliefs, assumptions, and aspirations - will be different (Anthony, 1979).

The purpose of qualitative inquiry is to describe phenomenon from the "emic" perspective (Field & Morse, 1985, p.11). Brink (Brink and Wood, 1989, p. 141) says that a goal of exploratory designs is to explore "... a concept in depth in as loose and as free ranging a way as possible to arrive at a description of an experience or its meaning...". The challenge, according to Patton (1990), "is to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct a framework for communicating the essence of what the data reveal". The problem with that is, according to Miles and Huberman (1984, p. 16), "... we have few agreed-on canons for qualitative data analysis in the sense of shared ground rules for drawing conclusions and verifying their sturdiness". Miles and Huberman (1994, p. 299) also express that "the reporting of qualitative data may be one of the most fertile fields going; there are no fixed formats, and the ways data are being analyzed and interpreted are getting more and more various... " In short, as Patton (1990, p. 372) wrote, " there are no absolute rules except to do the very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study".

In analyzing this study data the transcripts, audio-tapes, field notes, and the content analysis eight major categories emerged. In the development of these categories (Motivation to earn the Degree, The Self, Past Experience, Job Satisfaction, The Current Socioeconomic Ramifications, Suggestions to Diploma Registered Nurses, The Cost of Earning the Degree, and Suggestions to Nurse Educators) all of the study "raw data" was utilized exhaustively.

In this chapter, the above named categories are utilized to organize presentation of the Worth of the post-diploma BScN from the perspective of the study informants. These categories are presented in an ordered manner to facilitate ease of reading for the reader. However, while they are presented in an ordered form in this text, during the interview the data were not linear. The informants, at times, oscillated between categories, integrated categories, or temporarily left a category only to returned later to finish a statement or to add something to previous conversation.

Although the term worth can mean different things to different people, at the outset of this study it was defined as extending beyond the "dollars and cents" meaning. That extended definition was basically a dictionary definition. To understand the concept in emic terms, as it pertains to the worth of the post-diploma baccalaureate degree in nursing, (Field & Morse, 1985), the participants were asked to share their perceptions of that worth with the researcher.

In the chapter the informant's words will be used extensively so that the findings may be presented through the informants' own words. Changes to verbatim dialogue are only those considered necessary by the researcher, for grammatical correctness and syntax, in the transposition from oral to written dialogue. The context/content of the nurses' communication will not be altered.

Motivation to Earn the Degree

Walk with faith, and be sure you'll get through it;
For "Where there's a will there's a way".
Eliza Cook (in Felleman, 1936, p. 70)

The approach, taken by the researcher, to begin the dialogue with the nurses was to ask them why they had decided to earn their degrees. This approach was taken to facilitate opening dialogue because the researcher felt that if she knew why the nurses chose to go back to school it would be the beginning of understanding the worth of the degree to these nurses.

When DJ was asked why she had returned to school to earn a Post-Diploma BScN she replied that she had been motivated to earn her BScN very early in her nursing career when she was inspired by a nursing instructor. She said, "when I was in [diploma] training I was really influenced by my very first clinical instructor. She had her degree and while at that time I was really quite frightened to go to the university ... I just aspired to be like her".

DJ had promised herself that she too would earn her degree. She said,

> ... I said by the time I had graduated 15 years I would do that ... I don't know if I so much said I will get a better job or I'll make money because I didn't do it for that. I really wanted it to be something that would round me out. I just started feeling that I had kind of run out of a skill level or that (not so much my competency) I was really

> operating on a very narrow spectrum and that there was more out there so the degree seemed to be the way to do that.

DJ's motivation to earn her degree was influenced not only by those with whom she worked but also by what she perceived to be the "wave of the future". What she said was,

> ... all the girls who were in community health had at least their DPHN, if not their baccalaureate, and I was always impressed by just their wider scope of knowledge and their practice and those type of things and I thought, I need that. I really need to do that. She said I started thinking, 'Well, that's the wave of the future'.

DJ "just saw the degree as a very worthwhile thing to have professionally and for the betterment of the client and the health unit". She said,

> I set some goals to achieve it and had already planned, because I had been taking these courses and already had 11 or 12 courses that were pre that [required electives], so when we ended up on strike I said, 'nuts to this'. If we are going to be out a long time, I might as well go do something with my life...

Like DJ, Alyson chose to return to school to earn her degree because she too wanted more. While DJ wanted more for herself and her practice, Alyson wanted "to do some other things". She said,

> I thought I would like to do some other things other than just bedside nursing ... I thought the degree would open more doors for me as far as getting into community health or getting into teaching ... I wanted to actually get away from bedside nursing. That was my big thing ...

Alyson "wanted more" then to just get away from bed-side nursing for she also said,

> ... I like feeling like I'm expanding myself. I would like to go on and, after my kids are bigger, get my Master's and do some other things. I want nursing to be a career for me. I don't want it just to be a job.

In addition to her professional motivation Alyson also had personal interior and exterior motivations for earning her degree. She said,

> you have a plan in mind, I think, for your life, and I see myself meeting the goals I've set and to get the degree was one of my goals. I've always thought it was very important ... I knew I was going to do it ... I was already taking courses towards it ... I've always wanted to push myself to do more and I've always wanted to be proud of myself and to have other people be proud of me too ... my parents never went to secondary school at all. They didn't graduate high school so I wanted to do these things ...

Although Alyson had set her plans and had begun taking courses applicable to a baccalaureate program she had not set a time limit as DJ had . She said,

> the actual we're going ... came from another other girl ... my friend said, 'I'm going to go. Why don't you go?' I went home and I said, 'well should I go' and my husband said, 'Sure'.

Alyson chuckled as she said, "so I went".

Like Alyson, Barb wanted to make a career out of nursing. She enjoyed what she was doing but she wanted to make a career "outside of general staff". Unlike Alyson, who wanted to push herself and be proud of herself, for Barb going back to school to earn her BScN

> ... basically had to do a lot with the pressure within nursing ... saying that if you are going to continue on with this and you want to do something outside of general staff nursing that it was time to get a degree.

Barb was also motivated to earn her degree because she "had known a few people that were looking for positions and stuff like that and one of the big things was that they didn't have a baccalaureate". Barb had been, "floor nursing for about two and a half years, three years at that point in time" and was thinking, "I enjoyed it but I don't want to be doing general staff for the next 40 years on, or something like that". Because of that she said, "I just decided that I was going to get a degree".

Barb wanted nursing to be a career but she also wanted a change. However, it was not only "the pressure from within nursing" that precipitated that desire for her. Time was also a motivating factor in Barb's return to school. She said,

> it was time to either move floors or to get into a different aspect of nursing and I thought it would be a good time because I was still young and single and could afford to go back.

About going back to school to earn her degree Barb said,

> I wanted to do it and I knew I would, the way things were looking I would have to do it if I wanted to stay in nursing and move on and have the opportunity to do other things outside of work on the floor.

For her "it was a combination of both the time to do it and the pressure". She said, "there were other things out there but I didn't know a whole lot of what it was like or how I would go into things like that". For Barb earning the Post-Diploma Degree would give her that knowledge and ability to do other things.

Like Barb, Brenda, who was also single at the time, was trying to "think down the road". Brenda said that she realized that she did not want to do shift work for the rest of her life. However, unlike Barb, Brenda did know "how to get into different things". Brenda's mother is a nurse who "had done the five year diploma community health nursing degree". Brenda had seen the "different jobs she had over the years" and said she realized that for her to have those same opportunities she would have to get her degree.

Within her family, Brenda's mother was not the only person who been to university. Both of her sisters also had University degrees before she did. Of that Brenda said, "I think that pushed me to complete my own degree". Beyond her immediate family Brenda had yet another personal motive to earn her degree. She said that because her boy-friend (now her husband) was "well educated" she felt that "in order to, not be at the same level but, just to be able to progress..." she needed to complete her degree too.

Although Brenda did not have a degree like her significant others she had been to University prior to going into a BScN program but she did not complete a degree. Thus for her to complete a BScN was also in her words,

> ... being able to say that I could go to University and get a degree, get through two years, two and a half years of post secondary education.

Apart from the personal motives of wanting to be able to keep up with her family, in her professional life, Brenda is "always wanting to learn" and provide herself with opportunities. She said,

> I just didn't want to be a, I shouldn't say just want to be 'a' nurse, I just wanted to be able to provide myself with other opportunities and I knew that just having my R.N. diploma wasn't going to provide that for me.

For her, she said, "having the degree would just open more avenues for me and it would also prove to me that I was able to do it..."

Brenda, like Barb, was also feeling that the time was personally and professionally right for her to do her degree. She commented that she chose to go to school when she did because,

> it was the BUZZ word. Everybody was talking about your degree and I thought boy, I better do it now because I had plans in the future for what I wanted to do ... the big push was on and it was a good time for me so I did it.

When Brenda returned to school she did not go alone. She said, "I had a couple of close girlfriends that did it and we sort of all did it just to do it. There wasn't a real sound basis for me. I just thought it would open more horizons for me ..."

Like Brenda, Caitlin had been to a university prior to earning her Post-Diploma Baccalaureate. When she was originally at university Caitlin applied to a BScN basic program and did not get accepted. She had done one year of university "that was not very exemplary". In explaining what she meant by that comment Caitlin said,

> my grades were nowhere near high enough to get in so I ended up going through ... a hospital diploma program with the idea in the back of my mind that I would probably go back and get a degree in the future if only because having a degree provides more options beyond just being a staff nurse.

Caitlin's main motivations for returning to university to earn a BScN were she said,

> because I figured that I did not want to be a staff nurse for the rest of my life and that I didn't always want to work shift work and having a degree opens up those options a lot more than not having it at all.

For her, as for Alyson, Barb, and Brenda, "the writing was on the wall". She said,

> when I was in the program ... with a diploma in nursing you wouldn't go anywhere especially if you wanted to go into administration, or education, or any of the other options. You had to have a degree and that's probably the main motivating factor for me to go back.

Much like Brenda, Anne was motivated to earn her BScN because other family members had university degrees. She commented,

> I was the only person in my family who didn't have a university degree and I always felt that I wanted to do that. I was a nurse but I wanted to have a university degree ...

Anne felt that, although she had an RN, because all her brothers and sisters have degrees she wanted one also. Of this desire she said, "I just felt that I wanted to have those letters behind my name ..."

There were other reasons for Anne to earn her degree. Like several of the nurses, she said,

> I also decided in the early 80s that I did not want to work as a staff nurse in an acute care hospital for the rest of my life and I didn't want to ever work full-time shift work. I decided, if I wanted to do anything else or have some avenues open to me, I needed to get a degree.

Anne, like several of the other nurses, also said, "I wanted to prove that I could do it". For all of those reasons, Anne began her quest for her degree when her husband was tutoring at a university where one of his benefits was free courses. She said that rather than not taking advantage of that situation she decided to take some courses that might be applicable to her degree. Anne began taking distance education courses from that university but she said, "I got to the point where if I wanted to do anything more then I needed to go to the university". Anne thought that having a BScN would facilitate her nursing career. She said, "... I thought it could open up a lot of doors. I thought it could get me into management if I wanted, into Community Health Nursing".

Prior to earning her degree Anne had tried to get into "other things" but was unsuccessful. This failure added to her motivation to earn her degree. She said,

> I did apply for a position ... and they said 'no' and they hired a degree person who stayed in it for three months they wanted me to apply again and I thought 'ha' forget it ... I'll just get my degree and then be done with it ...

Sophia, like all the other nurses, had a variety of reasons for returning to school for her post-diploma degree. However, her initial motivation was in relationship to employment perspectives. She had originally begun work toward a baccalaureate degree in nursing, when she first graduated from her diploma program and could not find a full-time job. She did not continue that program when she found a job but once she began to work Sophia felt that "there was more to know". She said,

> I felt like I didn't have enough understanding of what our role was ... there just seemed to be so many things that we could do to help people ... so I felt I should go back to school ...

By the time Sophia came to that conclusion she had moved from her home province and transferred her credits to continued studies in a new BScN program. Sophia returned to school because she said, "I looked at different options and I felt that what they were starting to offer was more of a general base, more preparation ..."

As can be seen, by the foregoing, the study informants had multiple reasons for returning to school to earn their Post-Diploma BScN Degrees. It can also be seen through their sharing that each of those reasons was premised on their expectations of the worth of the degree to their personal and professional "self".

The Self

> "We are warmed by fire, not by the smoke of the fire. We are carried over the sea by a ship, not by the wake of a ship. So, too, what we are is to be sought in the invisible depths of our own being, not in our outward reflection in our own acts"
>
> (Merton, 1955. P. 103).

The informants dialogue is replete with references to the self. Because of this constant reference that concept was adopted as a major category for the study and is presented as such in this section of the findings.

While "The Self" is considered the major category in this section it was noted, during data analysis, that multiple aspects of the self tended to be threaded through the dialogue of the study informants. These sub-categories of The Self were either identified explicitly (for example, Self-Concept, Self-Esteem) and then labelled through the words of the informants or they were identified implicitly (for example, The Presenting Self and Self-Actualization) and then labelled and defined through referral to appropriate literature.

The definitions of the term "Self", adopted for this study, are those of Thoedorson and Thoedorson (1970, p. 374) who defined the concept as "that aspect of the personality consisting of the individual's conception of himself and the way a person perceives himself as a result of his experiences with other people", and Brundage and MacKeracher (1980, p. 23) who defined it as "the interpretation of perceived feedback from within ourselves and from others".

The various aspects of the self that were revealed to the researcher through data analysis are presented below. The first subcategory, The Desired Self, is the first aspect of self to be revealed by the study informants.

The Desired Self

This variable defined by Adler and Towne (1984, p. 60) as "the way we would like to be" was apparent in the comments by the study participants. For example, DJ talked about how role modelling and/or mentoring by teachers and colleagues had a big influence on her decision to obtain her Baccalaureate in Nursing. Of one particular instructor DJ said, "I was really influenced by my very first clinical instructor and she had her degree ... I just aspired to be like her ... You meet somebody who influences you ... I promised myself I would do that ..." Of her co-workers she said, "... the people I saw in community health seemed more worldly professionally. They had a greater depth of knowledge. They were able to have a wider scope of thinking and I wanted that, you know". For DJ to earn her degree it was, "... more than a I would do this better ... "

DJ was not the only participant who planned ahead for what she wanted. For Alyson planning is part of becoming what one would like to be. She said,

> ... you have a plan in mind, I think, for your life and I see myself meeting the goals I've set. One of my goals is education. I've always thought it was very important. I went through a lot to go back to school for my degree ...

Like Alyson, Brenda also wanted to know what she could do. She said, "I had been to University prior to going into nursing but didn't complete a degree". Brenda wanted to be able to say, that she could go to University and earn a degree. Like DJ she too had a time frame in which she wanted to return to school. She said she had been trying to "think down the road" to what she would do when she "married and had children and more career opportunities". To do/be what she wanted Brenda "knew" just having her "RN Diploma wasn't going to provide" that for her. For Brenda earning her degree has allowed her to do and be what she wanted.

Caitlin found that she too wanted to have more options in her professional life. But, unlike some of the other nurses, Caitlin did not have any personal expectations prior to doing her BScN Degree. Of that she said, "It was definitely just a career move ... about the only expectation that I had was just managing to get through it and then just use it ... "

Caitlin can't imagine herself "doing anything else beside nursing". She said, ... I'm quite happy in the profession ... I would not do anything else". In the future Caitlin "would like to go back and get a Master's ... it would probably be in nursing if only because I really like teaching".

Barb, like Caitlin enjoys nursing. But she did not want to continue doing what she was doing forever and saw earning her degree as the way to go beyond the bedside nursing that she was doing. Of this she said, "I sort of decided that I was going to make a career of it and stick with it ..." Barb just wanted to broaden her scope, her perspective, on nursing and have more flexibility in her nursing career.

Sophia describes herself as a person who likes to have a "well-rounded general kind of practice". According to her, the BScN Degree has given her what she wanted for herself. She has gained what she has termed an education background where she is "prepared to do more than one thing". As a person who likes to take herself "beyond just a care giver", she found that having her degree took her out of "a rut", and into feeling that there is a "lot I can do ... "

As their words have shown all of the study participants returned to earn their degrees for reasons of the desired-self. That is, for reasons of the way they wanted to be and the things they wanted to do. There was however more to earning the degree than that because, as their words show, they also returned for reasons that involved their "self-image". It is also through their words on self-image that one learns more of the worth of the degree to these nurses.

Self-Image

According to the Oxford Dictionary (reprint 1983) the self-image is one's idea of what one is. The importance of this concept to Alyson could be seen when she said, "A nurse isn't a nurse, isn't a nurse, isn't a nurse". Alyson is proud of herself and what she has done in earning her degree. She said,

> I wanted more and I like school and I like feeling like I'm expanding myself... I would like to go on and, after my kids are bigger, get my Master's and do some other things and I want nursing to be a career for me. I don't want it just to be a job that you go and get your pay cheque, come home...

Unlike Alyson, who clearly sees what her degree did for her, Brenda sometimes has to think about the worth of the BScN Degree to her. This could be seen when she said,

> ... I really had to think about what this degree had taught me or given me when I accepted this research venture ... I think it's given me a lot of confidence and it's given me the idea that I could, when I want to, move on to other areas of nursing. I'm still questioning how better it prepared me for the type of nursing that I'm doing right now because I work alongside girls that don't have their degree and they are performing the same job that I am and so when I go to work, I don't even think of myself as a degree nurse. I'm just a nurse, you know, and I don't differentiate between the different, educational requirements that we both went through ... I guess that's hit home for me in that I'm not sure really what I did take away from my university degree ... I have a great deal of difficulty knowing the value of the BScN and I think it's because of the time lapse between receiving my degree and talking to you because a lot of things have changed ... it must mean something to me I've stuck with it and I've used the degree to broaden my job opportunities ... I can really tell you about my two and a half years of basic training ... I'm not sure, and yet it's given me some really fun jobs and it's

> opened my eyes to other things that I might want to do down the road ...

DJ and Caitlin have no difficulty articulating about how they see themselves since earning their degrees. DJ said,

> ... I went back to the job and it was kind of interesting. Everybody at work wondered why I ever went back to the job. I said, 'but, you know, I don't think the same way'. When you come out of two years of university or that kind of process, you don't go back the same person. My work, my eyes were opened. My whole perspective was just so much more open ...

Where DJ spoke in terms of her whole perspective being more open, Caitlin spoke more in terms of relationships as she said,

> ... I think it gave me more confidence in dealing with other people. I'm not an unconfident person. I tend to be very assertive and forward anyway but it just gave me another angle to come from.

Caitlin sees herself differently since having earned her degree but, she does make note that her change in perspective could come from different aspects of her life as well. Of her degree she said,

> it's given me that broader perspective but that could be just age and maturity too, exposure to different areas and travelling and everything else. It certainly does give you that, not that narrow focus, blinder-orientated vision ...

Anne too partially credits her degree for how she see herself for she said,

> ... I think stuff like self-confidence and self-esteem and self-image ... I think the degree has had a factor in all of that for me but there's been lots of other life situations that have factored in to, so I don't know. I think that from a degree point of view ... for me, the personal benefits have outweighed the professional ones ...

It can be seen through the informants comments that their self-image post-degree is very important to their perception of the worth of their degrees. In the following sub-section the weight of that worth is expanded by the nurses inclusion of the aspect of "The Self" called the Self-Concept.

Self-Concept

The self-concept, described by Brundage and MacKeracher (1980) as the cognitive element - the individual's description of him/herself - is that element through which a person perceives him/herself as a result of experiences with other people. It is an element that is seen in all the informants conversations. An example of this inclusion can be seen in Barb's comments about how she defines herself as a diploma nurse with a degree. For her, it was important to let people know that she received her education from both diploma and degree programs. She said, "I'm a diploma nurse with a degree ... I don't like being referred to as a degree nurse and I don't know why".

Although Barb said she did not know why she felt that way, she did say,

> ... I just find there's a real distinction between degree nurses and diploma nurses and people really have this, I guess, sort of an attitude sometimes. It doesn't come out in every day but just when people, other nurses, are sitting down talking about what their background, as to where they went to school ... it's kind of funny, people always say, 'Well, where did you go to school?' I tell them both places but I don't like being referred to as a degree nurse ... degree nurses always have sort of the reputation of being very unclinically sound for the first few years right after they join. ... I've worked with several nurses on the wards who had come right off the program, the [generic] degree program ... and working with them as opposed to somebody who has just graduated from the diploma program was very different. The diploma [nurses] seemed to be much more safe skill wise ... there are the exception, of course, where you get really good, very clinically sound degree or not so clinically sound diploma nurses ... on the whole, the degree weren't as safe to work with. You felt a little more like watching over people's shoulders ... not following them but, just every once in a

> while kind of catching a few things that they shouldn't be doing. After a few years it sort of all evens out, once they get a little more experience, that's always sort of been my experience with the degree versus the diploma ...

The self-concept aspect of the self is seen again in Alyson's words as she, thinks about and acknowledges other people's perceptions. For example she said,

> people will say, when you are working on the floor, aren't you going to use your degree?' It's like, you know, you have to do something else to use your degree. You can't work in a hospital on a floor as a normal nurse and use your degree and I always think that's quite funny ... I say, 'Well, I've got it. I guess I'm using it, aren't I?' ... You know ... It's sort of, like it's a spice sitting in a jar that you're going to use some day". Despite the comments of other people, in her own perception, Alyson does "use" her degree.

She said, "It's not a whole different base and knowledge that you use for something else. It's just what you knew before plus more ..."

While Alyson felt that some people questioned her use of her degree as a staff nurse she thinks that on the whole

> ... you get a little bit more respect, when you've got your degree, from the other girls ... although you haven't really changed anything you've done, I think you get a bit more respect from other people...

Alyson's words on how she thinks about her professional self are similar, yet different from Brenda's. For Brenda said,

> ... I think having your degree, you use some of the skills you've learned at university so unconsciously you don't even know that you're using them. I remember the girl who hired me after I got my degree. I can remember her saying she wanted a degree, that she wants to hire more degree nurses because of their ability to problem solve, their communication skills, their ability to work with people, and because of the courses that you're exposed to at the university ...

While Brenda believes that she was hired into her position because of her degree, Caitlin thinks that as a staff nurse with a degree she is, "... sometimes, probably, maybe, under utilized to a certain extent ...". Even though she may think that she is being under utilized as a degree nurse Caitlin does not have a problem with what others think about her as a general duty degree nurse. She said,

> as a staff nurse with a degree I don't have a problem. I don't feel that I'm better than others and I don't feel that I'm worse than others. I'm just there as myself and I know that as I am probably functioning at a level that's different than I was as a diploma and that's where I want to be, not where anybody else expects me to be ... I try not to compare myself to other people. I know that I do a good job and that's what matters really. It's not my staff, or my fellow staff that I'm trying to impress. It's whether or not that patient gets good care ...

Like the other informants, DJ also thought of herself in terms of having grown in relation to her experiences with others. She said,

> ... I was in my mid-thirties when I did my degree and I think it was a time of a lot of transformation for me ... I worked with a woman (as part of her BScN program) who had her own business and she went around teaching mental health courses and I worked with her and my own self esteem, my confidence rose. I felt better about who I was as a person. I looked at why I thought about the way I was, and who was I, and I learned to respect who I am. I also really came to understand who a lot of other people were, I respect the differences, and have a lot more unconditional regard ... those things made a tremendous difference for me ... you work with people a whole lot better when you like yourself a whole lot better ...

The words of DJ and the other study participants show that their self-concepts underwent change during and after their return to school to earn their

Post-diploma degrees. Their words show the importance of their growth in Self-Concept to the value they place on their BScN Degrees.

Self-Esteem

While the Self-Concept is the cognitive element of the individuals interpretation of perceived feedback from within the self, and from others, the Self-Esteem is the important emotional counterpart of the Self-Concept which was seen in the informants data. The individual's "Self-Esteem" is a concept which is described by Brundage and MacKeracher (1980) as the emotional element - the way the individual feels about him/herself in comparison with others and with some ideal can be seen in the dialogue of the study participants.

During data analysis this concept was evident through all the interviews. It was explicit when Alyson spoke of how others in her personal life feel about her having earned her degree and how that in turn makes her feel. Alyson frequently spoke of how proud she felt about earning her degree and what it has done for her but she also included her significant other when she spoke of that pride. For example, she noted her husband, "was proud that I had done it too and it made me feel good that we could do it together".

While she and her husband were proud that she had earned her degree, Alyson felt that this same feeling did not hold true of her extended family. Of them she said,

> when I got my diploma, my family, like everyone, was really excited. The graduation was a big deal, right, and it was just wonderful ...

> everyone came up and it was a big celebration. When I got my degree they didn't care ... I wasn't even going to go to the graduation ceremonies at the university because no one was going and my husband said, 'You went through two years of hell and you are not going to go?' ... He said, 'You're going'. So we went but no one even knew ... I don't think other people value it ...

In her professional life Alyson felt that other health care professionals and the general public do not really care whether or not a nurse has a BScN. Of other health care professionals she said, "They don't really care ... they'd say, 'Oh good for you' or whatever but they really didn't have any interest in that ..." About the general public, she said, "and the public doesn't understand it at all, most of them. They have no clue. A nurse is a nurse is a nurse ..."

For Alyson there is more than other people's perception that affects her self-esteem in relation to her BScN. This is born out by her discussion of certain nursing and non-nursing functions nurses are expected to do. Things that other staff will not do (or are not expected to). Of these expectations she said,

> ... for someone who has a degree in something you usually don't have to do the type of things you do in nursing ... Nurses get the grunge work. I went to school for four years and I've got to clean up ... before they'll come and touch it and they maybe didn't even graduate from high school ...

Alyson also feels that when one looks at

> the way a hospital is set up ... nurses are not as well thought of ... in the hierarchy of the different professions ... Because nothing changes [after you have your degree]. Your hospital name tags don't change ... personnel knows that you got your degree because they have to pay you 75¢ more an hour but they don't send you a new name tag that now says RN, BScN on the end ...

Alyson's feelings were clear when she expanded on the above by saying that she would like to have her degree recognized by having it on her hospital name tag. However, while she lamented about not being given a new name tag, when she earned her degree, Alyson also didn't request such a tag change. She said, "Sometimes I would like to because then people would know, but on the other hand then other nurses would think you're being sort of snotty".

For Alyson not to order that tag herself was partially she said,

> ... sort of self conscious ... three of us have our degrees, that do bedside nursing, and there's others getting them, but none of us have BScN on our name tags. I think if all three of us did it, it would be different but it's just one more way of separating you and you want to be part of the group ... I don't know if it's imagined or not ... I think it sort of disappears once you start working again and people see that the degree is not a big deal. You're still doing the same thing ... if they just sent you a name tag ... it would be better because I would like people to know ... when the interns, or student interns, are getting their different levels of education, their name tags change ours don't ...

Despite the way Alyson spoke of the way other people's perceptions about her degree affect her, she does have her own feelings about the worth of her degree. She noted,

> ... I guess whether something is worth it or not depends on how it makes me feel. So because I think it was good for me then it was worth it ... I mean, I look at the monetary and the time cost too but, how it makes me feel is what's important to me, so that's why I think it was worth it. If I only looked at the monetary part of it and how much time I spent, what I've gotten out of it proportionally, then no I'd say it wasn't worth it ...

While Alyson would like to have a new name tag with BScN on it, Brenda remembered,

> having a name tag with R.N., BScN and I didn't want to wear it to work because you get the feeling that hospital nurses are very, what's the word? Not negative, but they're a little up tight when a BSc person comes on the floor, for various reasons, so I tread very lightly or I did tread very lightly. But, I think once they realize that I was the same as them, I mean a degree didn't change me as a person, ... when they really found out who I was and what I was about it was no longer a threat to them ... I just don't know maybe I felt they'd treat me differently ... when I initially went back to the hospital people really wondered why I had, if I was a degree nurse, why was I working shifts and weekends because their ideal of a degree was that it took you totally away from that and you could have a Monday to Friday 9 to 5 job so I think in some ways that kind of took away the value of the degree in their eyes ... and I think until they realized that I wasn't different just because I had my degree I think I got to work with them on the same level as anybody else but I think initially there was some, not a block, but they were conscious that, 'oh, this girl's got her degree. I wonder is she smarter than me, or is she a better nurse than me because she has her degree?' Other than that, I think you get a little more respect from other professionals, doctors and the other professionals, that are involved in the patient care ...

Brenda went back to general duty hospital nursing by choice and while she is happy with her choice when asked if she could rate the worth of her degree on a zero to five scale she said,

> now I'm feeling that I'm just a low man on the totem pole because I have a lot of friends who are working on their Master's and several thinking about a PhD so I'm almost back to thinking well, I'm just a diploma nurse again. I think I would rate it lower than I would have ten years ago so I would probably say a 3 ...

Like the others, DJ also finds a difference in how she is treated by peers since earning her degree. For example, while talking about a co-worker, who she described as a Generic Baccalaureate Nurse, DJ related the following conversation.

> ... she said, 'You know, you are really smart.' I said, 'well, I don't know if I'm any smarter after taking my baccalaureate preparation but one thing I know is that you treat me differently because I now have my baccalaureate preparation ...

DJ remarked that she now feels that her professional and personal relationships with this co-worker have changed since she has earned her degree. She noted,

> ... it's very different and has altered our relationship quite dramatically because, even though she had come to our workplace seven years after I had started, she was always like, 'Well, you don't have your degree you know'.

DJ not only finds a difference in her relationships with her peers but she also feels that having her degree has changed her relationship with her boss. Of that situation she said,

> ... my boss, who has a Bachelor's in Marketing said, '... I mean you are highly successful' ... before it was 'Well, you don't have your degree and we can't even consider you' ...

While the changed relationships with her peers and boss are important to how she feels about the worth of her degree, DJ feels that the most significant change for her, since she earned her degree, is within herself and within her own practice of nursing. Of this she said, "I know just in my daily practice, just about my own independent practice I feel much better about it ... like I say, it was a real issue of self esteem and that just increased tremendously ...".

Like Alyson and DJ, Anne said that she too "felt really proud from a personal point of view, I felt really proud that I had done this. Unlike Alyson whose family were not really interested in the fact that she earned her degree, Anne felt that her family was "really excited." She said, "My children and my husband were really excited about it as well as my siblings and parents...".

Anne did not elaborate on her feelings of how she is treated by other health care professionals since earning her degree. She had moved out of hospital general duty nursing prior to earning her degree and found significant change in the respect she received from other health care professionals just by practising in Home Care versus practising in hospital. She has seen no difference in that since she has earned her degree.

Things are different for Barb who doesn't like being referred to as a degree nurse. Barb shared that how she feels about this is related to her experiences with generic baccalaureate nurses and how she perceives others think about these nurses. She does not want to be identified with generic nurses. She said,

> ... I'm very proud of my diploma. I'm proud to have both of them. I would never say I'm a diploma nurse, just a diploma nurse, because I have my degree too and I'm not just a degree nurse because I have my diploma as well. I've got both ... I got a lot from both, the best of both worlds from doing that ...

Barb's words, like those of the other nurses show the importance of Self-Esteem to the worth of the Post-Diploma BScN. Analysis of the study data shows that the nurses' perceptions and feelings of the Desired-Self, Self-Image, Self-Concept, and Self-Esteem also lead into the importance of the next aspect of "The Self" to be presented.

Self-Efficacy

This aspect of the concept self, according to LeFrancois (1990, p. 65), is one of the most important aspects of the information we have about ourselves. It concerns our estimates of our personal effectiveness. Self-efficacy has two separate but related components: One includes the skills that are required for successful performances of a behavior; the other consists of the individuals beliefs about personal effectiveness. From a psychological point of view, it is not so much the skills component that is important, but rather the person's own evaluations of personal efficacy.

In analyzing the study data this element is evident in the dialogue of all the study participants. For example, once she had earned her degree, Brenda did not stay in hospital bed-side nursing. When she completed her degree she "... went straight into Public Health and worked three years, out in the community ...". She then "took a government job for a year, ... teaching and travelling in the province...". Brenda said, "... because of my degree I got that position".

For Brenda having her degree gives her great flexibility and she feels no constraint in what she wants to do or where she wants to do it. For example, she enjoyed the "new challenges out in the community" but she returned to hospital nursing when she found that she missed hospital nursing. For her having a degree has it's usefulness in other areas as well. She said,

> ... I think having the degree, in whatever it may be, can help you. I don't necessarily have to have a nursing job. Somebody might want my skill because I have communication courses, or I've worked with people, or I've managed my time. You know, I can see my

> degree helping me get another job, not necessarily in nursing ...

Brenda commented,

> I always said that no one could ever take it from me, whether I use it or not, I have it and I can always go back to University and maybe pursue another field, totally different from nursing, but I have a post-secondary education and I think no matter what I do it will help me in the near future when I do go back into the work force with more commitment and with more goals that I might want to pursue...

Like Brenda, Sophia has her own ideas about the efficacy of her degree for nursing and for other possible pursuits. She said,

> I feel more confident doing something like that because I know it's something that I have a reasonable understanding of... there's an expanded role of the nurse that I never saw from just being trained as a diploma nurse to work on the ward. After doing the degree program I learned that there are many areas that nurses can work and particularly with the multidisciplinary teams that we have now ... the degree opened my eyes that there was a lot to learn ... I find that is really important, even if I don't work as a nurse.

DJ, like Sophia, found that,

> ... since I've gone back, within a very short period of time, I was put on research assignments. I ran major health promotion assignments, headed major committees ... I had been in that workplace for 8 years before that and had, you know, basically had a very narrow focus of what I did. I really enjoy the independence, and that just gave me a whole greater source of knowledge, skills, change of attitude. When I went out I'd say, 'oh, I can do that'. 'Oh, I got this'. Professionally I know that I'm delivering a better service.

Barb, like the other nurses, sees her degree as broadening the way she sees/does things now. As a military nurse, Barb has career expectations of her that go beyond her nursing position. Since earning her degree she has discovered the worth of her degree in relative to her career. She noted,

> ... you sort of look at the bigger picture and know more what's out there, you can help people along and point them in different directions or use a more multidisciplinary approach much more than I did before ...

Of her other military duties she said that she is able to draw on skills developed in her baccalaureate program to help her in military assignments. She said she had been able to draw on her,

> ... critical reading ... critiquing ... writing skills ... social aspects ... psychomotor aspects ... where I wouldn't have done that before. I learned that from my degree ...

For Anne, the degree led her to increased involvement in management activities. She said,

> ... half of my time is spent doing committee work. I am on an infection control committee, I chair a nursing procedures committee, I'm on the quality management committee... because of my management skills that I have developed, I have both ... those kinds of things that I wanted to do and I thought I would be able to do better because of my degree, I can do now because of my committee work... and I think I can do better and I think I was chosen to do it because of my degree and my proof to them that I have good thought processes, critical thinking, problem solving, those kinds of things ... those skills that I learned in my degree ...

Like all of the other nurses in the study, Caitlin thinks her degree gave her more confidence in dealing with other people. She feels that sometimes her new confidence and her way of dealing with people gets her in trouble but she believes what she does is good for her patients and that's what counts. She said, "It's not my staff, or my fellow staff, that I'm trying to impress, it's whether or not that patient gets good care". She believes that with her increased skills she does give that good care. She said that while she may have done some of these things as a diploma nurse it was "certainly not to the extent that I recognize it as a degree nurse...".

As the words of the nurses have shown, their estimates about the personal and professional effectiveness (their skills and competencies) they have developed since earning their Post-Diploma Degrees has heightened their perception of its worth. It is nct, however, this estimate alone which helps do that for them. As can be seen in the following section, "Self-Affirmation" also plays a role in their perception of that worth.

Self-Affirmation

The Oxford dictionary definition of self-affirmation is, "Recognition and assertion of the conscious self" (Sykes, 1983, p. 954). This definition gives credence to Alyson's words about the self-affirming effect of having earned her BScN as she says

> ... I guess above all, it just makes you proud of yourself. It makes you proud of what you've done and where you belong and that you belong somewhere and that you have knowledge that someone else doesn't and you have attitudes that someone else doesn't, not you yourself but as being a nurse and being a professional ... I think after doing your degree you feel it is more of a profession and you feel like you are part of that profession and you feel you are just as professional as anyone else ...

Like Alyson's words, Brenda's words also had a self-affirming ring as she said,

> ... I think what it's done for me is given me the confidence. I feel I have a higher level of knowledge but I don't know why. I think that it's something I internalized ... Because ... I know when Community Nursing wasn't fulfilling everything ... then I was able to go back to the hospital and now that I've been in the hospital for five or six

> years I think when things turn around, if they do, (this was said in reference to current socio-economic restraints within the Health Care System), I could go back into Community Health part-time or I could go back into a different type of nursing job ...

While Alyson and Brenda's self-affirmation dialogue was professionally oriented, for Anne earning her degree was more personal. She said,

> ... those skills that I learned in my degree ... gave me self confidence. The degree gave me personal satisfaction, it gave more intrinsic things than external ... than job things. Although I know I wouldn't have a job if I didn't have my degree but it's more for my personal self-confidence, self-worth, assertiveness, all those kinds of things personally ...

For DJ, earning her degree was for both personal and professional reasons. She said,

> ... I did that because I really, as a person, needed to do that and professionally - in order to go on and practice because I had been at a point of disillusionment thinking will I continue to do this for another ten years the same way? - it gave me just a whole new set of energy and enthusiasm, respect for nursing, just everything was heightened because of it ... I can have a much wider understanding of people, much greater acceptance of people because I accept myself a lot more ...

Not only does DJ accept herself a lot more but she said,

> my husband said, by the time I was finished the 18 months, 'I don't know what you are doing but you are sure not the same person you were a year ago' and I knew that. I could tell that myself it was kind an affirmation that a lot of things had changed for me ...

Like DJ, Sophia also saw things change for her after she had earned her degree. She said, "I saw my role as a nurse change". In explaining what she meant about that role change, Sophia said, "I saw that I can be a resource for my patients, not just a caregiver, somebody who does something in hospital".

After having said that Sophia paused briefly and went on to say "... I felt really confident as a (diploma) nurse after working a year and with the degree I felt like wow!"

Sophia found that her BScN not only helped her professionally. She also found that it could help her in her community life. She said,

> I really feel that there is a lot I can do ... something I do as a volunteer ... it's been wonderful and I think without my degree I would never have reached out to something like that ...

As can be seen through the nurses words Self-Affirmation is important to the nurses perception of the worth of their degrees. The study participant's words reproduced above denote their present recognition and assertion of the self which they attribute to their evolution from diploma to baccalaureate nurse. However, as can be seen in the following section, none of the study participants see that as the limit of their degrees. Each of them sees their degree as a tool towards Self-Actualization.

Self-Actualization

The importance of this concept, is described by Adler and Towne (1984, p. 12), as they paraphrase of Malsow (1968, p. 97), in defining self-actualization as "the desire to develop our potential to the maximum, to become the best person we can be". This concept, which is further defined by LeFrancois (1991, pp. 298, 411), as a process of growth - of becoming oneself, of developing one's potentialities ... of self-fulfilment, was apparent throughout the dialogue of all the informants.

The importance of Self-Actualization to the understanding of the worth of the degree is stated quite clearly by the Alyson. She believes the degree "... does make you more of a professional nurse". She said,

> ... you have a broader picture of what goes on ... you feel differently in how you talk to people and how you act. You feel like you are part and parcel of a pool of knowledge that's different from somebody else's ...

For her, "... it feels good to be doing these things ... I learned a lot, and I learned a lot about myself, what I can and cannot do. I think I can do pretty well anything if I try ...".

For Sophia a sense of fulfilment was apparent when she said, "I felt better about my role after completing the program because I really questioned whether I wanted to stay in nursing". Since earning that degree Sophia's attitude has changed. She now says, "I'll think about it very carefully". In fact, Sophia has continued with her education/learning quest since earning her degree and said, "I've had a fair bit of encouragement from my employer to go back so this fall I am interested in taking a course".

Like Alyson and Sophia, Brenda, despite what she said about having to think about what she got from her degree, does have a sense of self-fulfilment from having her degree for she said,

> ... I'm the type of person that ... I could never stay in the same nursing position for 35 years and then retire from that position. I need change to keep me, I guess learning and stimulated ... I'm always wanting to learn ... I just wanted to be able to provide myself with other opportunities and I knew that just having my R.N. diploma wasn't going to provide that for me ... I'm very self-directed ... that experience [earning the degree] helps you grow as a person. You

> find your inner strength and you learn different ways of coping and you learn different ways of getting through a subject, that you're having trouble with, and I think it prepares you for the real world or a job where there are other pressures and other demands made upon you ...

Brenda's words were almost mirrored by DJ who spoke of earning her degree as another step in the process to professional self-fulfilment. She said,

> ... it just fledged down a lot of corners that I saw were missing for me ... happened in the very short term and have continued because I finished my degree in '87 and ... I've gone on to take two certificate programs since then and it has always been a synergistic type of thing. Like it just didn't have a honeymoon stage and it ended and I didn't get out saying, O.K., now I'll have a good time, you know. I went out and said I did that for me ... It was an extremely positive experience... it was ... kind of like I had burst a cocoon ... you could take your wings, and shape, and form, and colour, that you were designed to do, and you could fly as opposed to just always struggling and being bound by the unknown or whatever. It really, just opened it all up ...

Of the nurses in the study only Caitlin stated that she does not question her "decision to go into nursing". Caitlin seems to find professional fulfilment through her nursing as she said,

> ... I can't imagine myself as doing anything else ... there's a lot of women in nursing who are just there because it's a good paying job and it's flexible, but I like it. I just can't imagine doing anything else ...

For her then to earn her degree led her to "... probably functioning at a level that's different than I was as a diploma and that's where I want to be ...".

As can be seen through the words of the nurses, "The Self", and its various aspects are relevant to the understanding of the worth of the Post-Diploma BScN to the study participants. Through further analysis of the informants words it can be seen that there was also much evidence of the value the study informants placed on their past experiences and those experiences are essential to the understanding of the worth of their degree.

Past Experiences

Doan't ye be what you ain't
Jes' you be what you is.
Ef a man is what he isn't,
Den he isn't what he is.
Edwin Royal (in Felleman, 1936, P. 465)

The Diploma Experience

Throughout the interviews, with all the nurses, it became apparent that their diploma nursing education served as a strong base to the value they see in their Post Diploma Nursing Degrees. Recognition of that importance prompted the researcher to explore the area of past experiences further. For example, when Alyson was asked if she would undertake her nursing education the same way again, she said,

> I would go diploma first just because you can work a bit to get through it, and you have experience to take to your post-secondary program. You have that experience and you have already made some decisions about nursing: What it is; what you want to get out of it; and what you really do in nursing.

Alyson paused slightly when she had said that and then added,

> you don't know what you do in nursing until you've graduated from your basic program. Once you've graduated from the diploma you can take what you know into your further two years and then you can make, I think, better use of the information you get.

To support what she said, about her belief in the diploma-to-baccalaureate route of education, Alyson spoke of some of her work experiences she said, "Have you ever worked with anybody who just came out of the generic program and starts nursing at the bedside?" She did not wait for an answer before saying,

> oh, it's a disaster. They're just very difficult. It's much easier to work with someone who just graduated from a diploma because after four years they really don't seem to have as much bedside stuff ...

Barb has beliefs similar to Alyson's. She said,

> I've worked on the wards with several nurses who had come right off the [generic] degree program ... and working with them, as opposed to somebody who has just graduated from the diploma program, was very different. The diploma seemed to be much more safe skill wise. I mean there is the exception, of course, where you get really good, very clinically sound degree or not so clinically sound diploma. I mean you definitely had the odd one but generally on the whole, the [generic] degree nurses weren't as safe to work with ...

Barb did find that, after a few years the differences between diploma and generic degree nurses did "sort of all even out" once the baccalaureate nurses got a little more experience. She said,

> I feel that the diploma focuses more on the actual, as I define, clinical skills, and that's always been my experience with the degree versus the diploma.

In her opinion, Barb's diploma skills, knowledge, and experiences gave her that background in clinical bedside nursing that she believes is so important. But, for Barb, her nursing abilities were broadened by her degree. She said,

> in a few years the degree has just taken it in a different direction. I find although they are both nursing programs, for me they were very different. One was very hands on and the other one was more

> broadening ... not just with the patient, but with what's out there working with other disciplines, with research, community health ... just sort of broadened it.

Barb felt she had gained from both her diploma and her degree. She felt, that she had, "gained some from both but they were both very different programs". She said,

> I'm proud of both. I'm proud to have both of them. I would never say I'm a diploma nurse, just a diploma nurse because I have my degree too and I'm not just a degree nurse because I have my diploma as well. I've got both. There are certainly areas of my day-to-day practice that I draw on from my diploma and there are things that I draw on from my degree ... I think I did gain more. I got a lot from both ...

In discussing her educational preparation, Brenda, like Alyson and Barb, compared her programs to those of others with whom she had worked. She said,

> I've worked in hospitals, in teaching hospitals, where I've had to work with student nurses, community college grads, and university girls, who are in the 4 year program, and I really look back on my training and am really thankful that I had that opportunity because I really don't feel that these girls are getting practical bedside nursing skills and knowledge. I think they're spending so much time on bookwork and paper and things, that will help them down the road, but I think initially when I see them come on the units and they're so nervous and they haven't had much practice ... I really think that the type of training I had really gave me good strong solid basis to do excellent nursing care for the rest of my life because of the principles that were drilled into me and the things that I think are really true nursing, bedside nursing skills.

DJ, like Alyson, Barb, and Brenda, gained a lot from her diploma program as a basis for her BScN. She said,

> I had an excellent RN program. I look back at that and I look at what that grounding was and you know, I really think we were well

> prepared so I don't have any misgivings ... We were the second two-year program in that province, the only one in that city, and it was a very innovative, very participatory program. We were really dealt with as adult learners ... We were way ahead of our time ... in my basic program. So you know, where some people were saying, 'well, the baccalaureate was so much more advanced', I really felt that my basic program was a high calibre and really gave me a tremendous basis to begin my nursing practice ... I really had a well-rounded experience. Some people criticize their two-year program and I can't say that.

Like the others, DJ found, that while her diploma program provided a good basis for her nursing career, her baccalaureate broadened her abilities. She said,

> ... I felt I had a very strong basic preparation and then when I went back I really felt that this too was a very strong program and that it was very well organized ... It very well met the needs of a person who is out in a community program or doing community health nursing or whatever. It very well met those things which are very diverse, extremely diverse.

For DJ,

> the basic nursing program was like having a hammer and a saw and a chisel and having a baccalaureate was like going in with power tools in a construction site.

After earning her degree DJ found that her job was easier and she felt "so much better about it. There was the sense of flow and the confidence was much greater...".

In discussing her diploma experiences Sophia said she would do her studies in same manner again if she were to begin again. She would either earn her diploma first and then her degree or, she said,

> build on it in a similar fashion because I think some of the degree nurses come out with really very good knowledge but the application

> ... I've worked with some of them. Their priorities are a little different it seemed. Some of them [generic baccalaureate nurses] would come out and they would almost distance themselves from the patients because they're a degree nurse. We used to have a joke amongst some of us that was, well, you can't see only having degree nurses. Who is going to empty the bedpan and help the patients deal with the crisis that they are in? The degree nurse won't do that... she's somewhere else doing something else because traditionally our degree people have been either educators or administrators and the people going through the basic program are the ones actually doing patient care.

Sophia believes,

> you need to have that bedside skill and that experience and any shortening of that period I don't think is wise. I found that when taking what I have learned working with patients in facilities and applying it to the home setting, if I didn't have that I wouldn't know how to adjust to a home setting, how to change things, I wouldn't have that knowledge ... I would know they have this disease and this is the treatment but the how to wouldn't be there.

For Sophia,

> it seems like people who went through a three-year program or a two-year program had more contact with patients at the bedside, clinically than the [generic] degree students. The degree students seemed to spend such a short time on the wards and more time in class with textbooks, et cetera.

She felt that because she already had those skills that she was able to marry the two, the knowledge and skills she had learned from her diploma with her post-degree program and bring it back ... For her, "Experience is very important".

Of all the nurses in the study, Anne was the only one who found that her baccalaureate program did not really build on her diploma program. She said,

> I don't think nurses are an easy crew to teach post-basic because you come in with a whole vast amount of knowledge from your basic

> experience and you come into a post-basic program and hardly any of the knowledge that you have is directly relevant.

Anne felt that,

> ... you have to work backwards because you have all this knowledge about what to do and certain experiences and then suddenly you're plunked into a nursing theories course and so you have to almost backtrack to pull in some of your experience.

She feels that

> ... lots of stuff in your diploma nursing is not helpful to you in a post-basic situation and that plays havoc on your ego and all kinds of stuff...

Of the relationship between her diploma and her university education Anne said, "I think that any kind of building that I did was a more, global kind of thing".

University Experience

Alyson described her attitude in regards earning her degree as one that was, "to get the piece of paper" in the "quickest and easiest route possible" because she had so many other commitments. Of her choice of courses she said,

> ... to be quite truthful some of the courses I took I took just because I knew they were going to be easier than other courses. I wanted the easiest route to get this degree ... for electives I wanted the easiest ones I could because I had so many other things to do, I was working and I was pregnant...

After saying that Alyson added,

> if I hadn't had to work or had so many of those kinds of things to do I might have chosen different things to take ... things that would have been more of interest to me.

Even though it was "pure hell" and harder for Alyson to earn her degree, than it was for her to earn her diploma, there was a payoff for her. She said,

> I think maybe that's why I felt prouder to get this than I did the first time. I think everybody else was so concerned with me being proud the first time or being so proud that it was just sort of well, here I am. It's done. I'm glad it's done. This time I really had to work you know, and when I got good marks it really felt good to get those marks because I really had to work to get them. It took a lot of time and I think when you do work really hard for something it is more valuable to you.

Of the study participants Barb was the only one who attended university full-time from the out-set. She had not taken any preliminary courses prior to beginning her BScN program. In talking about that now Barb says,

> if I had done it say by correspondence and I actually sat and read the book I probably wouldn't have gotten as much out of it as I did by actually going.

On the other hand, she also said that if she were to do it again she would have done some preliminary courses prior to doing her degree because that would have made her work load lighter at the beginning of her program and she would have enjoyed earning her degree more in the early days. Although it was stressful for Barb in the beginning, she said that what she gained most from university she gained from the people she had met there.

Of her academic experience Barb said,

> ... we did have one clinical portion to the degree program which I thought was a complete waste of time. I was put on a surgical rotation on a ward that I had worked for three years, put down there to do, I think, 40 hours or 60 hours or something like that in that spot. I really thought it was a complete waste of time ... you know, there's a lot of sort of BS like with any sort of course. A lot of these things you have to do and read and I mean it's typical of school ...

> it's just a busy two years. Sometimes it got really frustrating, so if you had asked me any of these questions as soon as I had finished the program I probably would have run away ... I would have said, No, no. Don't ask! Ooohh, yuck, yuck, yuck!

Although Barb described her academic experiences as being sometimes frustrating she finished that particular conversation by saying,

> but now that I've got some distance between me and doing it you know, those two years are sort of distanced out, I can really see how it did benefit me. As much as I would have hated to admit it at the time it has. It's just 'cause it's a lot of work for two years. I mean your life is basically on hold while you do it and I mean you get a little bit tired of that after a couple of years particularly when you are used to working so many days and having so many days off, and a salary coming in and all of a sudden, whoooottttt, money's cut. You've got to sort of watch it. That was totally a big change in lifestyle for me when I went back to being a student ... Now that I've distanced myself a little bit from it, yeah, I can see how it broadened my perspective and made me do things I probably wouldn't have done before.

For DJ going to university for a BScN had been in her plans and overall it wasn't a hard time for her. DJ "kind of had some grey moments in there". She said,

> you think, what am I doing this one for? But, you know, I got the highest marks. I had all nines and eights that term so, if I had to say, as an all over experience it was a nine out of ten, the whole thing. Like I say, there was a time, there was a few papers I cried about, how am I going to get through this? But, for the greater part it wasn't like that at all ... It was a very positive experience, yeah. Very positive experience ... I really felt that it took a really broad perspective of a lot of things that a nurse would encounter and it was a very well-rounded program. At the time I never thought that gee, this is a dumb course. What the heck are we taking, and that was never a thought for me. In retrospect it was very well thought out. I remained in Home Care, I have done a lot of health promotion work, community health nursing, and things like that, and I mean I could see the benefit ... I was sitting there saying wow, this is great, you know.

DJ, like Barb and Alyson, found there was redundancy in her program. But she said, "I got rid of it". To explain what she meant she said,

> what I didn't think was necessary for me was that there was a physiology component and I really thought that I had a very strong physiology component so I challenged the physiology and wrote it off and I challenged nutrition. We had a very strong nutritional component and I really didn't think that I needed that. If you had to take two out of twenty-four, those two I would have altered. That was an area that I really felt there was duplicity in so I challenged it ... we got through it ...

Apart from the academic value of her program, for DJ, the people she met while earning her degree were important variables to some of the worth she found in earning her BScN. When talking about interpersonal relationships she encountered while earning her degree she said,

> ... I'd always heard university professors are depersonalized and desensitized, and I know sometimes nursing doesn't always have a positive image, but these women were people who had taken their education and had melded it in a personal and professional manner so that I really felt that I really mattered as a student. I just wasn't one of 150 people in their class ... and the respect of the adult learner and the uniting that we did as people and nurses and students and all that, it just was absolutely refreshing ... I felt good ... It was an extremely positive experience ... I'd sit in class and say, uh huh! Uh huh! I had a lot of uh huhs in university ...

For DJ the university experience is "what you make of it". She said,

> I believe that a lot of what is important is that you find yourself people who are of a very positive mindset who want to be there because they've chosen to be there, because they are at that place and time in life where they are seeking greater professional fulfilment, advancement, development, all of those things and you will have a very positive experience. When the times get tough and they do ... you get those terms and all those papers come in and all those kind of things, if you developed a very positive support system ... you can get through ...

Like so many of the other nurses, DJ said,

> if I did it again, I would do it exactly the same way because I really felt I was able to concentrate and get a lot of the process things that happened in going back to university as opposed to just going there ... I picked and chose people that I could work with and that really could be the art and science of who they were personally and professionally and who were in touch with all of that as opposed to 'I'll give you the information. This is the information, you are going to need to know it, digest it, spit it out' ... I'm the kind of learner, I need to take chunks ... I need to start some place and know where I'm going as opposed to, 'O.K., this is everything you're going to always need to know' ... it was much more meaningful for me to ride the bike, walk down the street, then learn to ride the car because I integrate, I bring that learning, transfer it. I'm a real transferrer of learning and that's a principle of adult education is to transfer that learning. What have you learned and how can you take it to the next thing that you learned?

Within the parameters of her program DJ eliminated taking courses from those people whom she saw as practising with "a lot of defiance of the principles of adult education". The "bottom line" for DJ, about her university experience, was that

> ... it was a tremendously powerful growth time for me. I never felt out of control ... I had a really good time and professionally hey, I mean, it was worth, it was worth the investment.

For Caitlin attending university to earn her BScN was, "a different life and it's a quote, unquote "different game". She said,

> you know, you have to play the rules and jump through the hoops and everything else which is the way it is in this world. If you want to go anywhere, you have to meet the other person's expectations of what you want to do ... jumping through the hoops and everything else I don't really consider that a cost per say.

Caitlin does feel that,

> everybody needs a change and to go back and get a degree is just that change. It frees you from the burn out of working day in, day out at the same thing with nothing ever changing and it refreshes you.

When Caitlin spoke about meeting other person's expectations, she explained that by saying,

> oh, I'm talking about the Faculty of Nursing. The courses are set up to provide you with this certain amount of information and you have to do this certain amount of paperwork and it has to be done in a certain way and everything else.

To follow these demands of the program was not difficult for Caitlin she said,

> that's all a game as far as I'm concerned. It's other people's expectations of what they want from you and if you can meet those expectations then you will probably pass if you don't buck the system

Caitlin did have different thoughts about some of the expectations she encountered during her program she said,

> ... I think, people are going to be going through the program, working at the same time, knowing that they have other commitments, expecting a certain standard of living, wanting to work somewhat and it's not realistic to expect every diploma nurse who is coming to university to not work. To say 'No, you can't work because this is your focus right now and you should only be focusing on this' is not realistic ... it was not realistic for us. It just wasn't ... why would I lose my job just so I can get a degree? I have to go back to something afterwards. There are long term implications to quit and focus directly on nursing.

Caitlin had another problem at university. She said some of her professors,

> ... didn't seem to have very much value in the fact that I had five, six years of experience. Granted it's in a limited area but it was almost like it didn't count because it was in that hospital setting ... I found them at times very condescending in the fact that I had worked ... I can still remember walking in to that first class of nursing theories and coming out of there thinking she was so condescending because

> we were 'just diploma nurses' and there was no recognition of our age. I mean, not that I was terribly old but still, I'm not a 19-year-old high school student ... I remember feeling very condescended to. They didn't seem to recognize any experience that I had, or any knowledge that I had, but that could be purely a perception ...

For Caitlin not bucking the system and passing was "more a conformity than anything else, but it was flexibility too". She said,

> you have to be able to figure out what they want ... I got what I wanted. I came out with a degree and that's really all I went in there for. In that sense, when I have to meet others' expectations, that's life. The only difference being, that the faculty has more quote, unquote "power over me" to pass or fail so personally I don't have a problem with meeting those expectations and playing that game. I think it's kind of frustrating at times but it's also kind of fun trying to figure it out ... And personally it's a challenge.

Brenda, like Barb and Sophia, was single at the time she did her degree and she found that to her advantage. She said,

> a lot of girls in my own class that were married, or older, and had children plus this commitment to study and write papers ... they really were quite stressed out I think. I don't think they enjoyed their degree as much as I did because I didn't have the other. I lived at home and decided to move back home for financial reasons and it really worked really well for me ... I only had to go (full-time) from September to December because I'd done so much course work prior to that. When I was working full-time I had an excellent rotation. I did night courses and, since I'm a very self-directed person, I did an awful lot of courses where I studied on my own at home and wrote exams and sent them to the professor. When I went to university full-time I only had to go for one semester, and I completed that at Christmas in 1983.

Brenda also noted, that her non-nursing/elective (the arts, the sciences, and the humanities) studies contributed to her professional growth and development. Of those she felt the family studies she did were especially helpful, "because that's always been an area that I was interested in ... they help you be a little more well rounded ...". Brenda also felt her non-nursing courses were beneficial in her personal life. She said this was because,

> ... I had a very naive, or sheltered, upbringing so for me to get out in the community and see how other people live and that kind of thing, I think opens your horizons and you realize the different families out there and how they perform or not perform.

Brenda found her nursing courses very heavy. She said,

> there were a lot of expectations ... I felt at the time it was almost an exercise in futility to see if you could get through the load. You know, they threw so much at you that they wanted to see who could complete it and come out alive kind of thing. I think sometimes I found myself so stressed that I just got it done and got through it and I'm not sure how much I came away with, how much I learned from that experience, because I just had so many papers to get done ... I found that I just was checking things off as I completed them and not really getting to the meat of the matter and taking something away with me ... at some points I really wondered why I was doing some of the things I was doing. I found that some of the profs were a little way away. They were in their ivory tower and they really weren't in touch with what was going on with nursing at the bedside ... I think sometimes a university education doesn't allow you, or give you, the idea of what's happening in the real world. It's so theoretical ... I mean knowledge is good but I'm wondering if the knowledge that you learn at university really applied when you get out there into a new job and into the real world ...

Although Brenda had some frustrating moments, overall she enjoyed her university experiences. She said,

> I don't feel I really had to sacrifice a lot other than the time off of work, the mental anguish of getting through it, and completing the requirements for the degree. I think it's well, well worth it.

Brenda now sees having earned her degree "as an avenue to grow with or to even proceed with further education".

Sophia was also single when she decided to earn her Post-Diploma Baccalaureate in Nursing. Like Barb and Brenda, she had also made financial arrangements. Even so attaining her degree was stressful for Sophia. She said,

> it was very stressful. Especially being the first group to go through a new program. There was a lot of frustration amongst the students and even the professors didn't clearly understand what was expected of them and they couldn't communicate that to the students.

Sophia had originally begun working towards her degree, in her home province, shortly after she graduated from her diploma program and could not find full-time work. She, like many of the others, had also started preliminary courses prior to being to accepted into a BScN program. Unlike the others, she did attend university campus for her preliminary and non-nursing courses. When she found work Sophia left the BScN program and moved to another province. She soon chose to resume her studies in that province.

After she transferred into the new program Sophia once again went to school full-time but she "didn't carry a full load". She said,

> I'd take four courses, but not five, because I was working. I did have to take five and I did have a student loan, in the last year, but I had enough money and I had summer employment so I didn't have to take out a loan for the whole year. I worked in the community, that was nice because for four months I had steady employment.

While she did find her program stressful, because of its newness, Sophia also found that "overall it wasn't really hard" for her to do. She said,

> I enjoyed it. It's something that I wanted to do. There were drawbacks, because I had an accident and I was away for awhile, but some of the nursing courses I found really fascinating. The contact I had with nurses working in fitness, wellbeing, and occupational health areas ... just opened doors ... working with

> people like OTs and Physios ... Those are areas that nurses did generally, but didn't really understand fully because they didn't have the extra ... the background to understand that.

Like the other nurses Sophia recognized the contribution of her diploma program and experiences to her nursing education. She however had her own way of summing up the worth of her university experience by saying of her BScN program it, "far outweighs the costs ... short term pain for long term gain".

Professional Experience

Prior to earning her degree Sophia questioned whether she wanted to stay in nursing. She said she

> didn't have enough understanding of what our role was ... there just seemed to be so many things that we could do to help people with their conditions so I felt maybe I should go back to school.

Although she recognized the limitations of her diploma after she had earned her degree, and had been working as a baccalaureate nurse, Sophia found that her understanding of her role had changed. She said,

> I saw my role as a nurse change, I saw that I can be a resource for my patients, not just a caregiver, somebody who does something in hospital and I saw that if I get tired of one area that I can go work somewhere else in another area. I don't have to be stuck in paediatrics my whole life. Or I can do paediatrics, but in a different light, or I could work with families ...

Prior to earning her degree DJ found herself limited in her nursing position. She explained, "before it was 'Well, you don't have your degree and we can't even consider you'". At the time she was being told those things DJ found herself wondering what she could do about the situation. She said, "... I used to say well, what can I do better ...?" DJ's solution to the desire of her employers, and to her own need, was to earn her Post-Diploma BScN. In commenting on the value of making that decision and of earning her degree DJ said,

> ... in Home Care, I'm out here. I'm by myself. I have a boss that I can phone once a week or not talk to for a long time and I really enjoy that. I'm a very independent person but that [her degree] just gave me a whole greater source of knowledge, skills, change of attitude ... The RN program has a much more narrow focus and I see that. I see that even at work, not meaning to discriminate but I mean going back ... I've worked with people who have had their RNs and have never gone on to do any certification or improve any other way credentially. Boy, they are stuck in this narrow trench and the only difference between a rut and a grave is six feet and you see them. They just don't see outside of that and you come to say, well, when it comes to certain things, you just have to accept that they stay at this level and then you have to just pass them by. They do get passed by and you can see what happens. There are exceptional nurses who come through the RN program who tend to become more worldly, or tend to be broader, but those people are usually people who will really seek a lot of personal growth and development ... we have a mix of about 50%, of the staff, who do not have their degree and it doesn't take you very long, you start talking ... about the difference between the hospital we work with and Home Care and we were talking about why this project didn't fly ... and you bring up some, which are to me, fundamental management things ... people who do not have their degree program sit there and go 'what are you talking about?' How do you bridge that?

For DJ, the abilities she gained from her BScN program helped her to bridge the gaps, in the work place. She said,

> those are really important, the communication skills, the management skills, the inter agency skills, organizational behaviour skills ... looking at who you are as an organization, looking who they are as an organization ... you don't really get those kind of things in the RN program ...

In Alyson's conception, as a diploma registered nurse on the job she always used to be one of the mass of nurses with an attitude that she "always needed something". She said, "nurses always needed this, nurses always needed that, nurses always needed more money ...". For her, that work attitude has changed since she has earned her degree. Alyson explained that change by explaining that now she needs less and gives more. She said,

> now you can see the flip side of the coin a little more. I think you understand more what's going on and you feel some responsibility towards joining committees or getting involved in things like budget planning, professional development, and accreditation ... having people see you as a professional in your job and in working with patients ... I wouldn't have done that before ...

For Alyson, it wasn't "so much the information" that she got from her BScN course that helped her with her new commitment and attitude at work. She said,

> ... it's more of an attitude towards what you are doing in your job because I really don't think there was that much more extra stuff that you didn't know before. It was just emphasized and you grew more personally ... you used to go to work and put in time and come home right. Now you don't ... I think you are not so much on the complaining end all the time. You are more on, how you can get things done ... I am more aware of what I do, and I maybe look at my actions a little closer. How could I do this better; or maybe what should have I done; or I handled that the right way; or you are more analytical than maybe you were before, didn't think about it as much before ...

Alyson has found through her professional experiences that the degree, "broadens your perspectives and makes you more proactive". For her becoming proactive meant that she became involved in "other things" like research projects, reading nursing literature and attending nursing meetings more actively. Alyson finds doing those things is "actually a very good experience" and it gets a little more respect from others. She said, I think you get a little bit more respect, when you've got your degree, from some of the other people ... that's what it did for me.

Like the others, Caitlin found differences in her job experiences which she related to her baccalaureate education. She said,

> ... I don't know if it made me a better nurse per say but it certainly did improve some things within my practice ... it probably has been more personally and professionally rewarding than I had anticipated that it would be ...

For her,

> there were a lot of things that clicked more after having attended the post-basic then I would have thought of before. For example, having done anatomy and physiology again, there was a lot of physiology that I understood a lot better ... I could understand why certain treatments were being used whereas before it was just the way it was, the degree just gives you that underlying why.

Caitlin also noted that she tends to be more "active as a baccalaureate professionally" than she was as a diploma nurse. She gave several examples of what she meant about being more professionally active by explaining that she had been asked to sit, as a staff nurse, on a committee in the hospital in which she works. Of that experience she said,

> ... as a diploma nurse I would not feel I was qualified to attend or to sit on that committee so in that sense the degree has given me a lot more confidence ...

In addition to participating more when she is asked to Caitlin is proactive in other ways. For example, she said,

> I've also talked to my unit manager about inservicing staff ... to teach other people on the unit. I would like to do that ... stuff like that I would not have done before ...

Having the degree gives Caitlin a broader professional perspective that extends beyond her own practice. It also gives her a broader perspective on hospital management. She said,

> the degree just gives you a broader perspective ... especially with the funding crisis and everything that's going on right now. You sort of look at it and you think that if I didn't have my degree I would really wonder. I wouldn't understand management's side maybe as well as I do ... a lot of times if you are in a staff nurse position, and I know I felt like this before I went back, you get tired and you really feel that they're just sort of taking advantage of you and you feel that you don't understand the background material. I think a degree really helped in that sense ...

In her job experience Anne also found a difference between her nursing performance as a diploma nurse and her performance as a baccalaureate nurse. She said,

> I think that probably the best part about my degree was not necessarily the nursing knowledge that I learned, I certainly didn't learn any tasks there, it was the critical thinking aspect of it, the constant questioning ... just the more global kind of thinking that I have now, thinking beyond the walls of the health unit ...

In comparing that type of thinking to how she thought as a practising diploma nurse Anne said,

> I felt that when I was working at the hospital it was like 'good bye', that guy is gone. He's discharged. The end ... Not thinking what happens to him now ... but working in the community I think what happens now? How does health care impact? What can I do? What resources can I pull in? Just accessing a lot more different places and thinking more in a global picture rather than an isolated patient kind of, 'what do I do today in these seven hours?'... from that

> perspective my degree, it's just broadened my horizons or my thinking to be more aware.

Apart from the changes she sees in her "patient care" professional experiences, Anne has found that other things have changed for her since she has earned her degree. She said,

> before my degree I'd never sat down and read ... I didn't do much reading when I first graduated. There was not access to it. Now we've got stuff all over the place to read. Part of it is because of my committee work. I search out things. But part of it is just because of my interest in knowing what's going on, and what trends, or what's new, and what's changed ... I think some of the ideas of being a more holistic thinker, more inquisitive, and a better problem solver ... I had before but I didn't know how much I could use them, or how I could use them, or how important they would be. Working in one environment and going on to get a degree gives you some added skills and added confidence to then go out into a different position and apply them.

Like all the other nurses, Barb has found that having earned her degree has given her a broadened knowledge of nursing. For her that broadening came mostly from the people that she met. She said,

> I don't know if it was the actual academics. I would have to say some of it is, but I think most of what I gained was from the people I had met there.

For Barb, the only real difference with having her degree, in the military, is that she will get promoted a year faster than she would without it. She said,

> I'm in a different environment as far as setting programs up at work and getting involved in more programs ... I probably would have done them before but now I see much more of a value to it ... with the Military it's very different in the way that I have the opportunity to be on committees and stuff like that. It's a very small unit that I work with right now. There's only six, seven nurses all together but I think a lot of it has to do with the fact that I have a very good boss right now who, if you have an idea, will let you go with it. I mean,

> anything I want to do, or I want to try, as long as it sounds fairly reasonable and nobody's going to get hurt, she's very, very supportive of it.

Barb has difficulty comparing her nursing position pre and post degree. She does note a difference in other areas, of her military work experience, in which she benefits from her degree. She said,

> for example, right now I'm writing a report up on an exercise that I organized. It was a big exercise thing. Critical reading, critiquing, and paper writing in general - God, I can't believe I'm saying this. Eeeuuuhhh ... the degree really helps - I'm sort of picking out different things in the exercise to put down, making it not so focused on one point but, kind of bringing in the social aspects of it, the psychomotor aspects of this exercise, where I probably wouldn't have done that before ... and as far as that goes the degree has helped.

As has been seen in this section, the study participants past experiences (in their education and professional lives) are important to the way they perceive their baccalaureate degrees. It will be remembered, however, that a prime reason the nurses were motivated to earn their degrees was so they could have flexibility to move out of general duty/staff nurse positions. As it became apparent, during the interviews, that all of the nurses continue to work as general duty/staff nurses (five of them remain in essentially the same position they held prior to earning their degrees) the researcher concluded that to more fully understand the worth of the BScN, to the nurses, she would also have to understand their change of mind about "moving out of general duty" and the reasons for their current job satisfaction.

Job Satisfaction

Not till each loom is silent,
And the shuttles cease to fly,
Shall God reveal the pattern
And explain the reason why
Unknown (in Felleman, 1936, p. 79)

Like all of the other nurses, one of Alyson's main reasons for earning a BScN degree was because she wanted to get out of general duty nursing. Since earning her degree Alyson has remained in the same position that she had prior to earning her degree. She said, "I'm general duty nursing, the same job I had when I went in, I've still got". After saying that she paused for a moment and said. "I actually think I enjoy it more now than I did before because you are more involved. You feel, it's not just a job, you know...".

Alyson spoke of that change of mind about her job as, "... just sort of a gradual change. It just sort of happened". She said,

> I can't say that one day I was sitting there and there was a blast of light from up above and I was struck with this but it just sort of seemed to come about that way and probably more so in the second part of the program ... I worked all the while through and it just sort of changed. I can't say why ... But it did. I think mostly it came from talking to other people and being exposed to new ways of looking at things.

Alyson's words seem to reflect those of Brenda who found, that she "really missed the bedside" so after she worked in other positions for several years she too returned to the bedside. In explaining about what she meant, about "missing the bedside", Brenda said,

> once I got my degree I went straight into Public Health and worked three years out in the community and then I took a government job ... working in the new AIDS program, teaching and travelling in the

> Province ... then I found that I really, really missed the hands on caring type work so I went back ...

Like Alyson, Caitlin wanted to get out of bedside nursing but she now has a small child, so to stay in her staff nurse position has advantages. She said,

> ... I don't want to work full-time with a child or with a small family and a lot of management positions or education positions, at least the ones that I'm familiar with, are full-time. I have a half-time position which is extremely flexible. I can switch shifts with other people.

Although it is mainly for family reasons that Caitlin is presently satisfied with staying at the bedside as a baccalaureate nurse she said,

> ... I probably can't say I expected to be a staff nurse nine years ago when I graduated but I'm not unhappy in that role. Like Alyson, she believes this change came about because of her professional growth and development which she believes is due, in a large part, to having earned her BScN.

Prior to earning her degree DJ was a Home Care Nurse, a position she retained after graduation. Like the other nurses she also sought her degree because she wanted change. The change DJ wanted was within herself. More specifically DJ said,

> I wanted it to be something that would round me out ... I just started feeling that ... there was more out there and so the degree seemed to be the way to do that ..." She said, "I always have described it this way, it was as if I had a lot of material and never had a shelf or a room to put it in, to sort it out, and to be able to work with it. Doing the degree just gave me an opportunity to really sort things out.

DJ went back to basically the job she had left before doing her degree but she said, "everybody at work wondered why I ever went back to the job". I said,

> but, you know, I don't think the same way. When you come out of two years of university or that kind of process, you don't go back the same person. My work, my eyes were opened. My whole perspective was just so much more open ... you feel better about what you do or you just have a much broader framework ...

For Anne, who did not want to stay within Hospital Nursing, that change came for her before she earned her degree. Anne explained that change by saying,

> ... interesting, prior to my degree I thought I would want to be a Community Health Nurse or do some kind of management. I was willing to work full-time as a manager... I had some community health practicum and then in the midst of that I did a temporary management position and decided no, I don't want management. I don't want Community Health Nursing. My heart was in Home Care and that's where I would stay so then the purpose of having a degree, it was almost midstream my degree I decided that home care was where my heart was and where I wanted to be, became for my own personal gain rather than for career goals.

Of the study participants only Sophia had truly considered leaving the profession entirely before entering the Post-Diploma Degree Program. Sophia's change of mind about leaving nursing came during her BScN program. In her words,

> I felt better about my role because I really questioned whether I wanted to stay in nursing and after completing the program, especially going through the first year, I could see that I had some questions answered especially when it came to your self-worth, what you were giving your clients and what you got back ... I decided I'd try to do things to have a well-rounded general kind of practice.

Since earning her degree Sophia has the practice she wanted and at this point she is very satisfied with her position in nursing and would have to "think very carefully" before deciding to leave nursing now.

It has been seen through the nurses words that they are happy in their current positions and that happiness is to a large extent contingent on the worth they derived from their degrees. Despite that satisfaction, it became evident throughout the interviews that all but Barb (the military nursing sister) now feels the effects of the current socioeconomic ramifications on their nursing positions. It also became apparent that those ramifications play an important part in the nurses valuing of their degrees. Examples of these ramifications and their effects are presented in the next section.

Current Socioeconomic Ramifications

Not for all sunshine, dear Lord, do we pray -
We know such a prayer would be vain;
But that strength may be ours to keep right on our way,
Never minding the rain!
McClung (Reprint 1980, p. 121)

At the time of data collection all of the study participants, except Barb, were being affected by government fiscal restraint and the resultant remodelling of the Health Care System. Of the six nurses affected Alyson was most clearly vocal about the issue as she said, "... it is terrible but I mean they have to make cutbacks and you just have to find a place to do them...". While she acknowledged that cutbacks have to take place Alyson was very aware of the affect the changes have for her personally for she said,

> ... sometimes you do think, I know I've thought myself, I'm glad I did it and I'd do it again, but sometimes I think, was it really worth it?" We are facing a whole bunch of cutbacks and a whole bunch of lay offs ... and my degree is not going to help me. Not a bit. It's not going to help me keep my job.

Despite this Alyson is optimistic that her skills and knowledge and "having her degree" will benefit her as she seeks employment within the realigned Health Care System.

Caitlin has also been in the position wherein co-workers have already lost their jobs. Her attitude to the economic situation is,

> ... with the funding crisis and everything that's going on right now. You sort of look at it and you think that if I didn't have my degree I would really wonder. I wouldn't understand management's side maybe as well as I do ... they'll talk a lot about we have to make cuts here or we have to work smarter, harder, that sort of thing. Let's work harder and work smarter is a big catch phrase right now and a lot of times if you are in a staff nurse position, and I know I felt like this before I went back, you get tired and you really feel that they're just sort of taking advantage of you and that you don't understand the background material. I think a degree really helped in that sense. It gave me that basis underneath of thinking maybe there is more than one way to do things ...

Brenda works an equivalent of a .5 (half time) position; her position is a casual one. Although she works that casual position, Brenda said that she has no doubts that her "hours of work will be cut" and there is at present no possibility of any other position in her current place of employment. Despite that situation, Brenda believes having the degree will help her. She said,

> when I think about my degree now I look at it as that I have a lot more capabilities and a lot more skills that I could sell to a new job opportunity that came along. I think I value it differently now than ten years ago ...

For Brenda her degree is,

> ... a trump card for me now with the situation of what's happening with nursing but I can see the things turn around and especially with the grandfather clause I'll fit into that little mould there ... I feel like I've done my homework at a good time for me ... I don't feel as pressured, I think, as some people do ... I can always go back to University and maybe pursue another field totally different from

> nursing. I have a post secondary education and I think no matter what I do it will help me in the near future when I do go back into the work force with more commitment and with more goals that I might want to pursue.

DJ, Anne, and Sophia are all Home Care Nurses, and while they were not as affected by the socioeconomic situation as greatly as the hospital nurses were at the beginning of the study, by the time of the third/verification visit these nurses were also experiencing affects of "pink-slips" and reorganization.

Of that group, only DJ expressed opinion on the situation. She said,

> ... we are into a whole new definition of health care, how we do it, why we do it ... and if you're not prepared to come in with that much more highly prepared nurse, who is only at par with an occupational therapist, a physical therapist ... and you are the hub of client care, if you aren't prepared to be as well rounded as they are, don't expect to be respected professionally.

For DJ to have a BScN in these times is very important. She believes

> ... what's happening to nursing is really part of an evolution of our whole society. We have to do things smarter. We have to think, and nursing has to think much more in the corporate consumer sense, ... the degree program gets you to look at another level ... it makes people smarter but not so much in an intelligent cognitive sense. It just makes them ... more critical thinkers and nursing needs to be a critical thinker. Thank goodness for the wisdom of people who thought that to have their baccalaureate by the year 2000 because if we had only put that gear into motion now ... it just would have not happened because people have said, 'There is no way I'm going to invest four years or two more years to have no job when I get out' and I don't believe that it will happen. I believe that a lot of things will change in nursing and I hope that a lot of it will open up into independent practice and my gosh, you need at least your baccalaureate to do independent practice ... and the baccalaureate program gives you a lot of other things. I mean you can basically survive in a corporate world and I think that we need to do a lot of merging with the corporate world thinking.

The words of the nurses have shown how they have looked anew at the worth of their Post-Diploma Degrees since they have been affected by the current socioeconomic times and the downsizing in the Health Care System. They all perceive that having the Baccalaureate Degree in Nursing is very beneficial and valuable to them at this time.

During the formulation of the study, the researcher felt that an adjunct approach to ascertaining the worth of the degree to the nurses would be to ask them what they would say to other diploma nurses to help them with their career/education decisions. The nurses responses to that question did add information about the worth of their degrees to them. Representative excerpts of the nurses responses to that question are presented in the next section.

Suggestions to Diploma Nurses

When things go wrong, as they sometimes will,
When the road you're trudging seems all up hill,
When the funds are low and the debts are high,
... Rest, if you must-but don't you quit.
Author Unknown (in Felleman, 1936, P. 113)

Personal and Professional Benefits

In making suggestions to other diploma nurses DJ would share with these prospective diploma-to-baccalaureate nurses that by having a BScN Degree,

> both your personal and professional development is much greater and you are just much more prepared to meet the numerous things that you come up to in your nursing practice ... the complexity of things. You have a much broader base of skills and knowledge. Once you do your degree your attitude is different and while it's certainly secondary, but not of less important, your own personal growth just happens ...

To nurses who are deciding to go back to school to earn their degrees

Alyson said,

> if they were deciding to go back and asked me why I thought it was valuable I'd say because it does make you more of a professional nurse than having your diploma does. You have more confidence and you just have a broader picture of what goes on. As a general duty nurse, with a degree, you are part of a broader picture than you are if you don't have the degree.

On a more personal level Alyson said she would tell them that,

> above all, it just makes you proud of yourself. It makes you proud of what you've done and where you belong, that you belong somewhere, and that you have knowledge that someone else doesn't. You have attitudes that someone else doesn't, being a professional ...

When sharing what she would say to diploma nurses about earning the degree Anne said,

> I'd say other than getting married and having babies that was one of the best things I did in my life. That I think if they wanted to do it they should go for it. That's my initial response and then logically I think in these times of finances and jobs if they're doing it for professional gain or with some of the ideas in mind, that I had about doing mine, that is, to try and get a different job or a certain job then I don't know. Maybe it wouldn't be worth it for them.

When asked what she would ordinarily say to such nurses, Anne said,

> I think it's almost an infectious kind of thing when I talk about getting my degree. I'm really excited about it, about the courses I took, the stuff I learned, the change, and the growth and stuff. I probably would go at it by talking about the courses I took and explaining how they were really helpful for me, ... how I use this one now, and that the information from this one I still use, ... I would try to keep it on a practical kind of basis even given the economic times.

In talking about her suggestions to diploma nurses Brenda said she would tell them, I think it makes you pull away from the skills and the clinical things that you learned in your diploma and it makes you look at nursing in a broader perspective. As a diploma, I think sometimes we get so hung up on just the [tasks of] patient care but having your degree helps you to look at so many other things that might come into play with the patient ... Now I look at the cost of looking after a patient ... the management of a patient ... communication skills ... how to interact with other family members ... how to work with different cultures ... you look at the patient not as a single entity, more as a whole person and you involve other people with the care. For example, you realize that there might be a physiotherapist involved, that there might be a lab tech, x-ray personnel, the doctor, and that other specialists might be coming and you realize that you have to coordinate some of that for the patient and organize that ... I think in my diploma time I really just thought of the patient and not so much of what was affecting the patient but just taking care of that patient ... as a diploma nurse you looked after the patient as an individual person. Now you see that the family and the person's environment is part of that person so you deal with the family ... You deal with other health care professionals, including them in the patient care ... And I think you are more aware of other factors that are affecting that patient. You're not just thinking of yourself and the patient and have you gotten the bed made or are the injections given or the dressing changed? You are just more aware of the whole Health Care System and how you and a patient fits in that system.

When asked what she would suggest to diploma nurses Sophia said,

I have encouraged several co-workers to go back to school. First I ask them, 'What do you think it will give you? Why do you want to do it?' The majority say, 'We have to'... I look at what it did for me and then I tell them about my experiences. I tell them how I felt after the two-year diploma program, that I didn't feel I understood our role completely, I felt there was something more to what we do and I tell them the degree filled in many of those gaps for me ... I tell them that personally you feel more aware of your professional role as a nurse in the Health Care System ... That there's an expanded role of the nurse that I never saw from just being trained as a diploma nurse to work on the ward. After doing the degree program I learned that there are many areas that nurses can work in particularly with the multidisciplinary teams that we have now. I hadn't seen that in my practice but now I work in such a setting... I think it opens doors for people ...

Professional Opportunity

When DJ was asked what she would say to nurses who were unsure that they could afford to earn a BScN she said,

> well, I guess it's kind of the adage that goes, 'can you afford not to do it'? I mean, your nursing profession is now identifying that you need to do it by the year 2000 and I believe that if you don't do it you're going to be lost in the wave. You're just going to be shuffled to the back of the room and do you want to be there ... when I got out of school some people said, 'Well, why would you want to invest two years or three years of your life taking this degree' ... those people now say, 'You're lucky you did it'.

About having earned her own degree DJ would share that she feels was lucky she did it because

> ... over the period of time I have a profession. Nursing's been a pretty stable profession till 1993. I have a lot of fields of practice I can go into. I've been able to diversify into the specialties I want ... It's been an important part of my life ... what you gain professionally and personally can't be measured in dollars and cents ...

DJ also has suggestions for nurses who wonder about going back to school to earn a Post-Diploma given the socioeconomic circumstance that the Health Care System is currently experiencing. She said,

> ... I say for anybody who goes into nursing ... you are absolutely nuts not to take the baccalaureate ... I've been nursing 20 years ... and we've had our highs. We've had our lows. The whole world is under dramatic change. If you think that you are going to continue into the year 2000 not prepared in some area of practice ... you could be doing nursing and taking that practice into some other health teaching or whatever, if you think you are going to enter the 90s and the year 2000 without at least a baccalaureate preparation you are making a big mistake ... despite the lay offs and despite all the changes that happened to nursing you are a whole lot better to get your baccalaureate than you are to just get your nursing ...

Like DJ, Brenda tells nurses that there are more opportunities open to those who earn Post-Diploma Degrees. She said,

> I tell them that it opens the windows and doors for them ... I get this all the time at work from a lot of the girls I work with, who don't have their degrees and they are mid way through their careers and are trying to decide whether they should go back, and my answer to them would be that it just opens more avenues for you. I try to show them that there are other jobs beside hospital nursing ... There's public health, there's teaching, there are even jobs that wouldn't even be associated with a typical nursing job ... I think you could sell yourself to do many other jobs ... because you have a university degree ... I think you could sell yourself to do many other jobs...

While the study informants have suggestions about certain benefits of having a BScN they also have suggestions about how nurses can get the most benefit from their degree. Those suggestions include: Doing it for the right reasons; preplanning; and developing a support system. Those suggestions are presented on the following pages.

Do it for the Right Reasons

In talking to Post-Diploma Nurses, DJ would suggest to the nurses that one has to measure the worth of the degree intrinsically. That is, you need to know,

> that you really want this for you, not 'cause you're going to make 75¢ an hour more or, not that you're going to get this wonderful job, that may never come, because you're setting yourself up. You go in because this is the time that you need to nurture yourself, be it in terms of learning or whatever, in terms of growth, be it personally or professionally, that's the thing you always have to hang on to. I mean, at the end all the other things come but during the time some pretty dark hours come with all these papers, ... the thing you need to say, 'but I'm doing this only for me'. If you don't, if you lack that sense of internal orientation and reward, you're going to be in big trouble in that program ...

Not only does DJ have suggestions for diploma nurses about earning a Post-Diploma Degree, she also has a suggestion for anyone contemplating a career in nursing. Her suggestion to them is,

> don't even start if you think you are going to go for two years because you're not. You are cutting your nose off to spite your face. You are where most of our parents were if they got high school education.

Like DJ, Alyson was expansive in her answer about what she would say to other diploma nurses. She said,

> for me to say whether you should do it, or not, would really depend on just exactly what you wanted it for and where you're at in your life. You can counsel anybody but it's their decision, they know what's important and what needs to be done for them. If they ask me, 'Well, would you do it?' they'd just get nothing but honesty ... If they ask what nursing is like right now, they would get told ... 'I think it depends on your reason for going in to get your degree because right now there are so few jobs ... it will open up, I have no doubt, but I wouldn't count on it in the next few years ... If you don't have a job, go back and get it. If you've got a job don't do it yet. Take courses but don't do it now because you'd be shot. If you've got a job, you keep it right now, unless you are very financially secure, I wouldn't do anything because you just don't know ... no matter what you and I think, or want to do, it doesn't mean the government is going to do... I think if you don't like nursing and you're stuck there now, you're in a real bad state because things are getting harder ... and I can't say things are going to change because I don't know. It's just getting worse right now' ... If you are going to be getting your degree because you thought you'd open a whole bunch more doors, if you figured you were doing this for monetary gains, or if you are sick of nursing and wanted to do something more or different, I would say do something else ... because right now job security isn't even there. If you want to get away from nursing you're not going to do it with a degree. If you don't like nursing doing the degree isn't going to make you like it more. If you just want money don't do it.

Alyson did have several encouraging things that she would say to nurses about returning to school to earn BScN Degrees. For example, she said she would say,

> if you feel you want to see what else there is to do in nursing and you're one of these people who likes to get involved in things, then I'd say yeah, I think it's worth it and I think you should go ... if you don't like nursing doing the degree won't make you like it more.

When asked if there were suggestions that she would have for the nurses contemplating returning to school Barb said,

> I think one of the big things is that they have to want to do it for themselves. I mean their root of really wanting to do it for themselves as opposed to really being pushed into it. I went to school with some people who were pushed into it and they did not have a happy two years ...

Barb explained what she meant about "doing it for the right reasons" by saying,

> I think they would really have to do it for the right reasons and for them, to want to do it and not for any other reason, because it can be a real miserable two years and because there's so much of a commitment to it financially, time wise, and for people with family, family wise as well ... you'd really have to want to do it for yourself.

Like Barb, Anne would suggest to nurses that they,

> have to want to do it ... the way I see it, and other people have said to me too, you would be more successful and more happy in the program if you were doing it for your own reasons versus, 'oh, if I'm going to get anywhere I've got to do this,' or, 'my boss said I had to do it'. You have to be personally motivated. If you are only professionally motivated, then you're not going to gain, you're not going to get out of it what you could get out of it just doing it for professional reasons so I think that the personal, the personal growth and development or personal challenge is probably the most important part.

A second suggestion the study nurses had for others to help them maximize the most from earning their degrees was in regards the benefits of preplanning.

Preplan

When DJ was asked what she would suggest to other diploma nurses that might help them she talked about how she had done her own program and the benefits of how she had done it. She said,

> if I did it again, I would do it exactly the same way because I really felt I was able to concentrate and get a lot of the process things that happened in going back to university as opposed to just going there.

DJ explained that statement by saying, going beyond just fulfilling class requirements was more rewarding to her. She said,

> I did a lot of preliminary courses by just going to university, getting my course and leaving, to me, there was a lot more value in being able to take in the process and the connections and being part of a program as opposed to just taking programs ... I think I can measure both methods, and for me it was more important to get a lot of the process. I had taken lots of courses from distance education. I enjoyed them that way. I would really promote people to do part of their baccalaureate through that type of university programming. It gave me a place to do some self study and it allowed me to reinforce some study skills that were already there ... but to take my whole degree through extension university wouldn't be what I would encourage people to do, because you actually get the academics but you miss the networking and all the variety of other things that come to you.

About the suggestion of preplanning, Brenda said,

> I never asked anybody really what this degree would prepare me for. I just did it because it was the up and coming thing and it was available to me. I lived in a city that had a university program that I thought was well known so I didn't even think of moving out of province. It was right there at my doorstep.

Even though she did do her own degree that way, Brenda would suggest to diploma nurses, who are contemplating doing a degree, that they

> look at the course content and go and talk to some of the profs who

> are teaching in those areas and see what the emphasis is ... what they're trying to do.

Barb also referred to her own experiences when talking about what she would suggest to other nurses about earning Post-Diploma degrees. She said that she had done some preplanning but she had not taken any preliminary courses prior to beginning her BScN program. Thus, one of her suggestions to nurses contemplating returning to school would be that they "lighten their course load" by completing elective courses prior to beginning the actual Post-Degree Program.

Apart from suggesting to nurses that they would have a better "time of it" by getting their electives over with Barb would also suggest to them that,

> you have to look around to see what program kind of fits you, to be aware that different places and different programs have different focuses ... if you have that opportunity to do that and if you have the freedom, pick what part of the country you want to go to school in ... I know that's not always possible to go to different programs.

For Barb it was possible. She read university calenders, "talked to the people", found out which program she wanted, and made her choice.

A third suggestion that the study informants would pass on to other nurses is order to help them maximize the benefits of the degree program (and ultimately their degrees) was that these nurses should develop a support system to help them through the program.

Support Systems

For DJ having a support system was important to the benefits she attained from earning her degree. She said,

> ... finding people who nurture you, whether they are your own family or students within the faculty and ... to whom you can say, 'hey (when you are being vulnerable), I need help with this. I'm feeling really cranky. I'm feeling really pressured ...' is important. Having a support agency within your own home environment or within your own intimate social circle, and expanding that out there, so that when you are with other people you can find out that you're not feeling alone is important ... At the end we'll all kind of be able to celebrate ... that kind of thing builds friends because you've been through similar experiences, or been through experiences where you've shared similar perceptions, and you've struggled together and come out the other side.

Like DJ, Alyson would also tell nurses about the importance of having support from others while doing the degree. She noted,

> you have to have support from someone, it doesn't necessarily have to be your parents, but have someone who is going to help you through ... you need to have support to go because you have to be willing to put in a lot ... and do without ...

In the preceding sections the nurses perceptions of the worth of their degrees have been illuminated through representative excerpts of their sharing with the researcher. It is the researchers belief that to understand more fully the worth of the degree one must also understand the cost of earning that degree. Thus, the final category to be presented, in uncovering the worth of the Post-Diploma BScN to the nurses, is The Cost.

The Cost

A poor man served by thee shall make thee rich;
A sick man helped by thee shall make thee strong;
Thou shalt be served thyself by every sense
Of service which thou renderest.
Elizabeth Barrett Browning (in Felleman, 1936, p. 38.)

The operative definition, of the term cost, at the outset of this study, was extended beyond the "dollars and cents" definition. That extension included any barriers that would inhibit the nurses valuation of their Post-Diploma BScN Degrees. However, several of the study participants were not comfortable with the negative connotation the term cost can have. For example: 1) DJ said that in the "semantic sense" she preferred the word barrier as opposed to cost; 2) for Caitlin the term cost is also a negative word when attributed to the worth of her degree and she too would prefer a substitute for the word but unlike DJ she did not offer a different one. For her, there are "somethings that are always drawbacks to, but whether you consider it a positive or a negative is just something that is ... it's life"; and 3) Anne also had a problem with the negative connotation she perceived in the term cost. She said,

> ... I'm not saying that it was easy but I really enjoyed the lifestyle ... It was an exciting time for me ... I didn't think that it cost me a whole lot, I had a supportive family, it was what I wanted to do, and I ended up with the job I wanted. Financially I had that bursary so that wasn't a big chunk out of it.

In presenting the "cost" of earning the degree these nurses observations about the term are respected. The section is presented under the subcategories that were revealed through data analysis. That is, it will be presented under Monetary Cost, Personal Cost, Program Requirement Cost, and Environmental

Cost. During data analysis it was also noted that the responses the study participants shared about the "costs" that they incurred, while earning their degrees, included suggestions to nurse educator\counsellors. Excerpts of those suggestion responses are therefore presented to the reader in this section under the titles of the subcategories that emerged during data analysis: The Adult Learner, Learning Styles, Needs Assessments, Program Flexibility, and The Educator/Counsellor.

Monetary Cost

In the "dollars and cents" sense, earning her degree was a cost to DJ. For her however paying money for her degree was an investment and she never saw that as a cost per se. DJ said money was "never an inhibitive factor" even though she did have to take a student loan to help pay for her program. As she said, for her, that type of cost was "inherent in the process" and to do her degree was, "a happy choice ...".

In her discussion about the term cost, Caitlin said,

> ... I guess if you're looking at it from the professional analysis here, the benefits versus the costs, I would have to add on that cost is the monetary value ... the tuition, the books and everything else ... it takes you an awful long time to recoup that loss, the lost wages, and then the cost of actually attending school ... I mean you don't go back to get a degree to get reimbursed financially because you don't ...

For Anne, the monetary costs were not high because she was able to complete many of her non-nursing/elective courses free of charge, due to her husband's position at a university. Because of this financial advantage Anne completed 8-10 courses prior to attending campus to complete her degree. Anne said,

> ... my course load was never so heavy that I couldn't slip in the odd shift at the hospital if I needed some extra cash ... I'm not a materialistic person either so I think that helps ... if you want to have everything nice and fancy and perfect then yeah, it might cost more. I don't need a lot of material things, I don't spend a lot of money, and my husband's always had a steady job so no, it didn't cost me as much ... prior to doing the degree I worked six or eight shifts a month only. I didn't work that much before I went back for my degree so I just missed a little ... but that's O.K.

Brenda found it very hard to put a cost on her degree but she did say that at this point the monetary cost was the biggest cost for her. She noted that she had, "lost some money and the remuneration we get for our degree will never ever cover the financial cost of the degree".

Unlike the other informants, Barb did not do any courses prior to beginning her BScN program. She took a "full load" for her first semester. After that Barb joined the military and was financially subsidized to complete her studies. At that point Barb knew that she would be subsidized for a three year period to complete her degree. Because she also knew that "it was only going to take two years to complete the program" she then reduced her coarse load. This she said, "took a lot of pressure off". Even though Barb was subsidized financially she said, " Financially, 'oh, I'd never make up for the money I lost. I mean, phhhh, that's long gone'".

Personal Cost

> Taking the term cost beyond it's monetary definition, Caitlin said, I don't really consider jumping through hoops and everything else a cost per se. I would consider a cost more if we got divorced over it. That would be an extreme cost. If I had to make a choice, between a degree and a divorce, I would choose not to get my degree. That sort of thing is more what I would consider a personal cost, if it was to disrupt my home life ... there are expectations, and jumping through the hoops is just part of the game.

It doesn't bother Caitlin at all to play the game. She does not consciously weigh the "costs and benefits" of having earned her degree. She said,

> I try to avoid it ... I guess I must weigh the costs and the benefits subconsciously. Certainly not consciously. I don't sit down and say it's going to cost me $40,000 in lost wages and $10,000 in ... that sort of thing, because what it is costing me is immaterial to the fact that this is something that I want. I guess I must go into it expecting to have some benefit but I don't sit down and consciously think what that benefit would be. I just assume that it's going to come.

In explaining what she meant by saying that earning her degree wasn't a personal cost to her Anne said,

> my husband was well aware of the fact of the time frame that it would take me. He was O.K. with it, my mom was really good so that made it easier, and we did get a cleaning lady who came in to help out. Thanks to the bursary some of the other factors that we felt that were around were made easier.

Although Anne feels that earning her degree was not hard on her family or finances, she did find one downside to earning her degree. She said,

> on the down side I was so focused on nursing I was either with my family, or working as a nurse, or studying for the class, that I did lose a lot of my contacts, and the socialization that I used to have with the people in our town was put on hold for a couple of years. When I finished my degree some of the people I had been buddies with had moved away and there was no time to renew friendships after that. But, that was probably the only down side of it.

Amongst the costs that Sophia encountered while earning her degree were those involved with moving from one province to another and then finding that the program which she entered was a new program. She was, however, able to alleviate those extra stresses by forming a circle of friends who became her support group.

An extraordinary stress for Sophia was the fact that she'd had a car accident while she was doing her program. Because of the accident she was away from her studies for awhile and had to obtain a short term bank loan to see her through that period. Sophia said however, that, "was just more motivation to go on". For her the cost of earning her degree was, "Short term pain for long term gain".

Of the personal costs of earning her degree, Brenda said,

> I feel like I didn't have to go through as much stress as many other of my classmates did ... I was very lucky, I'd saved some money to pay for my tuition, to pay for a year or six months of education, and I stayed at home. I did the odd casual shift, or worked on the weekend, or during the week if they were short. But I didn't work very much. I think I payed a minimum of rent to Mom and Dad, and I didn't have a car payment, or any big commitment so there wasn't that added pressure. I can remember some girls working and trying to hit classes after a night shift it was just a real nightmare for them.

According to Alyson, she "went through a lot to go back to school" for her degree. She said,

> I had taken classes. Then I got married and financially we could not afford for me to go back to school. We wanted to have children and we wanted to do all these things. My husband said, 'Well, if you want to do it we'll make do'. So that's what we did. In the first year we still lived in an apartment and then we bought a house, had a baby, and everything while I was going to school. It was really

> hard and we came out of that really broke ... for the first three or four months that I went to university as a Post-RN I worked full-time till Christmas. The first semester was really tough ...

Alyson said, that while earning her degree, she went through "two years of hell" personally and at school. She explained that by saying,

> ... you'd have six papers due, SIX PAPERS DUE and you were working, and you had a husband that you had to pay some attention to. We had just bought a house, I was pregnant ... and my parents didn't value it ... it wasn't a big deal for them. They helped me pay for it the first time so it was a big deal. This time they didn't contribute a cent so it wasn't a big deal ... They just didn't realize how hard it was to go back to school and how hard it was to have a family ... it was much easier when you went the first time, and didn't have any real commitments. You didn't have a house, didn't have a husband, didn't have a dog, weren't pregnant, didn't have a job ... This time I really had to work ... there might be a paper due, you had to work that day, you were up most of the night doing your paper that sort of thing ...

For Barb the cost, of earning her degree, was more as personal one because, she said,

> your life is basically on hold while you do it ... it's very much on hold from the people you knew before. You get a little bit tired of that after a couple of years, particularly when you are used to, working, and having so many days off that's on your own, and having a salary coming in, and all of a sudden, whoooottttt, money's cut. You've got to sort of watch. It was totally a big change, in lifestyle for me when I went back to being a student, much more tighter with money and stuff like that so, it gets a little tiring ...

Program Requirement Cost

The first "barrier" that DJ encountered occurred for her before she actually began her program. It was to be a barrier that had an effect on her throughout her program. DJ was required to take an entrance examination prior to being accepted in to the BScN program. DJ said she had been told there was no preparation prior to the exam, however, when she wrote the entrance examination she did not do well in it. She felt that she really could have prepared herself for it and done much better with that preparation. About the outcome of that exam she said,

> ... when I got in there I went and found out what my mark was ... I asked one of the professors, who turned out to be a professor I really enjoyed down the road, 'Can you tell me what this tool would measure?' 'Oh,' she said, 'that person would never get through this course. This person would absolutely fail every course' ... at the end of my degree program I went to her and I said, 'look, this may be a measurement and it certainly has its validity and specificity and all those things but I was that student with that mark and I have an honours average and you could have ruled me out of this faculty because of that measurement factor'...

Some of the nurses perceived that there were a number of courses that were comparable to those in their diploma program. Some of them, like DJ, challenged these courses and as a result were not required to take those course in their programs. While DJ did "get rid of" redundancy and duplicity she could not eliminate the heavy course load. Despite this, DJ did find benefits beyond the "grey moments". She said,

> ... I have to say there were times, particularly the winter terms, I found really tough. There were a few times there that you begin to think, 'Oh, my gosh!' I've got to take three clinicals and three full courses in one term ... that had some grey moments in there. You think, 'Oh, my gosh, what am I doing this one for?' But, you know, I got the highest marks. I had all nines and eights that term. So, in terms of an all over experience it was a nine out of ten, the whole thing. There were a few papers I cried about, 'how am I going to get through this?' but for the greater part it wasn't like that at all ...

Brenda also noted that there were some difficult times completing course requirements. She said,

> ...I think sometimes I found myself so stressed that I just got it done and got through it. I'm not sure how much I came away with, how much I learned from that experience, because I just had so many papers to get done and you just want to get them done. You have a presentation the next week, and you had a project to hand in, and then you had to go do ten home visits with the health nurse ... I found I just was checking things off as I completed them, and not really getting to the meat of the matter and taking something away with me. At graduation I did really feel that it was an exercise in futility because I really wondered what the purpose of some of the exercises were that they made us go through and I didn't know what I came away with ... I think that there could have been more meat there ... something to take away.

When talking about the cost of the program requirements to her Barb commented,

> ... if I had been asked these questions as soon as I had finished the program I probably would have run away saying, 'No, no, don't ask! ... but now that I've got some distance between me and doing it, I can really see how it did benefit me. As much as I would have hated to admit it at the time it has. It's just cause it's a lot of work for two years ... It's just a busy two years and there's a lot of BS like you would get with any sort of course. A lot of the things they have you to do and read ... it's typical of school. Sometimes it gets really frustrating ...

Barb also spoke of one course in which her knowledge and expertise were not considered. She said,

> They put me on a surgical floor where I had worked that type of thing before. It was a small enough group where they could have looked at you individually and said, 'OK, what do you want to do with this?' Instead it's, 'OK, you're on a ward and you have to do 40 hours working on the ward' ... 'Well what are you looking at?'... 'Well, just clinical stuff' ... They could have asked you what you wanted to do with that. I was supposed to be working a ward for 40 hours ... it was really frustrating ... it was like, 'No I've done this before.' ... It's the only real instant I can think of where you weren't looked at individually, like 'what do you want to do with this, instead of, 'here this is what you are going to do with this' ... I didn't feel like I really got anything out of that ... Some people did have a good

> experience getting what they wanted to do ... mine was absolutely foolish but I think it was the educator, the prof.... on that particular area.

That experience was "kind of costly" but Barb said, "I just kinda laughed it off..."

Environmental Cost

While she does not like the word cost, DJ did say that there were times, at the beginning of her program, when she did experience a "cost" in earning the degree. She experienced this cost from her feelings of "demoralization and dehumanization". These feelings DJ attributed to her perceptions of the attitudes and abilities of some nurse educators/counsellors and some nursing administrative staff members. DJ said,

> they forget about that there's a whole person behind here who has got kids at home, who is struggling with economics ... And that maybe, some days, they just need to be heard, about what's happening in their world today, But it's like, 'Hey baby, I had a hard time and so will you'. That attitude prevailed in many courses ... It was I'm the instructor and you will learn ... you see that model reinforced over and over again as opposed to, I have something that can help you, lets be a catalyst to get you, to empower your learning, ... I know these women have worked extremely hard to get where they are and it's a competitive world but if they were in the real world and had that attitude, they wouldn't be alive ... and I really feel that that's a real fault in the faculty ...

Of her perceptions of the nurse counsellors DJ said,

> I found help in teachers later on, but the counsellors who were there ... They put those people in there who were ready to retire and they didn't have any other job to do ... It was a frustrating situation ... I would fault the university on that ... They are very elitist. You want us. You come do what we want and that was in many things very overbearing.

DJ also had strong feelings about the nursing faculty. She said,

> if I had to evaluate the Faculty of Nursing in their ability to sell that program ... they would get one out of ten. They did not do that well at all. They need to learn that these are human beings, who are going in there, who are many times struggling with a major decision in their life that will change them, personally and professionally, and there needs to be a very human element in there, you know ...

DJ made similar comments about some of the nursing administrative staff, who she felt "provoked feelings of cost" to her. DJ said,

> if you don't have a lot of guts to get past those support staff ... on entrance to get in ... That was a real negative factor for me but I'm a person who knew what I wanted and said well, I'll just get around this, you know, but it was throughout consistently, not only in entry, and particularly with secretaries ... from the secretaries at the office it's like, 'What do you want?'... "I'm sure they get asked the same question but I didn't feel valued as a person. It was, 'Oh cripes, you're asking me the same stupid question?' They'd say, 'Well, go look it up.' Well, you know, it's not a matter that I can't look it up. It's not a matter of that I don't have the information. What I'm missing is how me and that information mix. I need to talk to someone, talk it out ...

DJ shared that she, "stayed clear" of people who provoked such thoughts for her. She said,

> I stayed clear of all of them and that's why I think I had a very successful program. I eliminated them at all costs ... even though I have very strong opinions about some of the process that went on, such as being able to bypass academic indifferent people and having to select people who I felt I really mattered to, as a student, if I had to say what earning the degree would probably be, on a scale of ten, in terms of benefit personally and professionally, it would probably be an eight. In terms of cost it would be a two ...

As she speculated about the mental anguish of earning her degree, Brenda said,

> maybe that's why I have such a hard time finding the worth of my degree because at some points I really wondered why I was doing some of the things I was doing ... I found that some of the profs were a little way away. They were in their ivory tower and they really weren't in touch with what was going on with nursing at the bedside ... I think sometimes a university education doesn't allow you, or give you, the idea of what's happening in the real world. It's so theoretical ... knowledge is good, but I'm wondering if the knowledge that you learn at university really applies when you get out there into a new job and into the real world ... During the time of my degree I felt there was very little positive reinforcement because you weren't on the wards and doing practical things. It was a different experience than what I got in my basic training where there was a lot more contact with the instructor, and a lot more contact with other students. I felt in this program, because people were still trying to work or were running to do shifts after classes, there wasn't a lot of positives. We had to stick together to get through it ... At graduation, and that was ten years ago, I was angry and wondered if I'd done the right thing. I'd spent two and a half years at it and given up a half a years pay. I'm glad I've done it now, but I sort of feel I'm behind the times ... because a lot of my friends have gone on and gotten masters so, now I'm feeling it's not worth as much as I put on it 10 years ago ...

While doing her BScN program Alyson also found that she had to contend with her feelings of anger towards the "attitude" of some of the professors. She said,

> ... I can remember going into a management class for my degree, or I can remember even before then, I can't remember what the class was, and them saying how much better a degree nurse was than a diploma nurse. I know, after that, there was a whole ton of us sitting at tables in the coffee shop talking, every person there was mad because you weren't given any value for the five years or six years that you've been a nurse. You were given no credit for that. You were not a professional nurse until you had your degree and everyone was very defensive about that ... I know a lot of people felt very put down by a number of them even saying that a degree wasn't such a wonderful thing. You needed your Master's to be anybody ... we sort of felt like second class citizens...

Like several of the other nurses, Barb said, some of the frustrations she felt, while earning her degree, had to do with some of the nurse educators she encountered. Barb said that she found she could tell which professors liked to teach Post-RNs and which ones didn't. When talking about the differences of these educators she spoke of one particular professor. Of that professor, she said, you could tell she enjoyed Post-RNs and that she saw them as a challenge. She would mention something, where some people had vast experience in the area, and she would say, 'OK, this is what the book says, this is what you read' but she would really draw on what peoples experiences were. That was really good, because she didn't fight with the class. She worked with the class and you got a lot more out of it as opposed to the ones who said, 'this is what the book says, this is how it is'.

Of the latter type of professor Barb said,

> oh, it was just terrible. People's bull-shit alarms would just go 'bong' and you could see the steam. The comments afterward that people came out with ... especially with the ones that really tried, 'this is the material'... You didn't get as much out of those as the other one.

Suggestions to Nurse Educators

The Adult Learner

When she was asked what she would suggest to nurse educators, to help them in assisting other Post-Diploma Nurses in their career/education decisions, the first thing Alyson said was that nurse educators need to value students primary education and experiences. To explain what she meant Alyson spoke of her own experiences. She said,

> ... I can remember going into a class and being told how much better a degree nurse was than a diploma nurse ... you weren't given any value, for the five years or whatever, that you've been a nurse. You were given no credit for that. You were not a professional nurse until you had your degree, ... I think the advice I would give them is to value a person's experience that they've already had, and to value that they did go to school for two or three years, and that they are also proud of that education and it shouldn't be put down ... I would tell them that you have to value people for what they've done and recognize that people who are coming back to school make quite a decision and it would be nice if you would give them credit for that.

DJ answered the same question by saying,

> I believe that there was a fault in the system, or a crack in the system, and I believe that it has to do with much larger than nursing. I believe that a lot of women who make career advancements need to look at the mentor model as opposed to the teacher model and I believe that they could be much more effective in helping people even further their education by using the mentor model as opposed to 'I'm the authority. I had to struggle and so will you'. I can't say it was a dominant role but, it certainly existed and I made a point, when I felt that a person was an authority figure, of not taking a course from her. Because I was cognizant of that and had, had several good mentors in nursing I chose to be in courses, where many of them were not the high profile people that you see on faculty. I felt that those people had lost a lot of the art and the science, more the art, of being a person and of honouring you, the person and the professional.

DJ felt that those educators, who she avoided, ... were busy saying, 'I'll give you the information. This is the information. You are going to need to know it. Digest it, spit it out'". She believed that those educators practised with a lot of "defiance of the principles of adult education". She said,

> I believe that they need to look at the mentoring model of 'how do I bring out the best in those people'. It's harder to do that on larger

> scales, but I found in university that we had a lot of small subgroups and the instructors who either mentored, or brought people through the principles of adult education, had a wide base of knowledge and they could bring in some of their wisdom to supplement, or to dovetail, it to the student.

Of these instructors, who she felt practised mentorship and followed the principles of adult education, DJ said,

> they were much more effective in the short term - they were enjoyable - and in the long term they had much more professional and personal impact on me than the person who stood up there and lectured blah, blah, blah. If I had a sense that this was the real person talking about real things, that they were genuine and authentic as professionals and they had a sense of caring, which I think is intrinsic in nursing, then their courses were more valuable as opposed to 'you need to know' ... There's no needs assessment of who the learner is and I think that that's a big fault in the system ... I believe that adult learners need to direct their learning. They come to the situation with usually a somewhat solid, maybe basic learning knowledge, attitude or skill and they have a sense of what they want out of that course. You know, it's other directed.

For DJ the "bottom line" of what she would say to nurse educator would be

> practice adult education and become a mentor to your students. Because if you've had the role modelling in your degree program as opposed to not having it, when those students go out ... people will see how rich it was to allow the learner to take direction ... long are the days gone that you are the authority on anything.

Of that suggestion DJ said,

> I have come to trust that there is wisdom in the group and you need to be able to access that wisdom and empower that group or make that group powerful amongst themselves as opposed to saying, 'well, you know, I did that. I taught them this' ... Well, maybe that's not what students want as learners and I think that that's a big deficit in the program.

When Sophia was asked what she would suggest to nurse educators, she said she would suggest they, "help their students evaluate their own strengths, weaknesses, their areas of interest". She would also suggest to the educators that they find out

> where a student is, and take what the student already has, when they come to the program, and then build on that knowledge and those skills.

By way of explaining what she was saying Sophia gave the example,

> ... I think one area for them to really look at is the interpersonal skills area. Nurses have a lot of information that they obtain about people and how they cope with illness or, how they deal with stress, or developmental changes ... much of what nurses know can be tied together ...

Caitlin would also suggest that nurse educators,

> ... have to recognize that the people coming into the program have a certain amount of experience behind them and to treat them as such, not as new high school grads, because there's a fair bit of difference ... Post-Basic students have their own opinions about the way things are done and how the world works and it's very different from an 18 year old's opinion or somebody even that is a mature student going back. Once you've been out there it's the old real world versus the theoretical world. The two don't always meet ...

For Caitlin educators should recognize Post-Basic students do have worthwhile experience and knowledge to share.

Learning Styles

When asked what she would say to nurse educators Brenda responded by saying,

> I guess my biggest beef was I felt we spent an awful lot of time writing papers and I learn best by having some practical experience and really getting in there and getting my hands dirty. I'm a terrible pick up a book, read and apply it to something. So, some of the courses I found very frustrating because I knew that's what they

> wanted me to do and I had a hard time doing it. When for example, we did anatomy and physiology we did it on a computer and I loved that. I was interacting with something. I was seeing something. I was working with something.

Because of her own learning style and experiences, Brenda said she would suggest to the nurse educators that they incorporate more "hands on" type of experiences into their programs. As an explanation of why she would suggest that Brenda said,

> I didn't feel I had a good enough or a long enough, experience in my community health nursing ... I didn't feel we really got into the meat of the matter ... or we didn't deal with some of the problems that we've learned about in the lecture form or in the textbooks we were reading. We didn't get out there and really get a real good feel of the Community Health Nurse and what she does.

Brenda would make her suggestion because she said,

> I guess it's because I'm very strong on the clinical and working with people and having more experiences that way rather than writing so many papers and presentations ... I felt like some of the time it was almost an exercise in futility to see if you could get through the load ... at some points I really wondered why I was doing some of the things I was doing.

Needs Assessments

Brenda suggested that the nurses educators should carry out "needs assessments" with their students. She said,

> I would probably have them sit down with the candidates and find out what their goals would be, what they wanted to do with their nursing, where they could see themselves say in ten years from now, and what the type of job they'd want to be doing ... I would look at the courses, and the content of these courses, and see if the program would fit the bill for the students ...

In her suggestions for the counselling of Post-Diploma Nurses Alyson used her own experiences again when she said she would suggest that educators counsel nurses to design their curriculum in an appropriate manner for nurses then. She said,

> ... You know I took some university just because I had heard, through word of mouth, that this wasn't bad, that they just have phone quizzes, or just had this and that, but if I had heard it from someone who could have said, 'O.K. with this course, the workload isn't too bad but you will get this out of it'. Instead of, 'this one's not bad, just take it and see if you can draw something out of it,' I think that would have been quite helpful. If they could help you set up what you were going to take and tell you which ones are a little bit easier, or if I've got a real interest in chemistry, or in something like that, if they could help you find something that you can draw in from nursing there ...

Alyson also had suggestions about "course loading". She said,

> I took a number of courses just because they were easy. So, really did I need that many courses if that's the only reason you're getting them?" Her suggestion for educators about program weight was, "... You don't have to jam pack the program to make it look good. You do what's sensible and what's right. Don't try and pack it full of things so that you get more grant money or however it goes ... look at people's needs and help them.

Program Flexibility

Caitlin would suggest to nurses educators that there is a need for programs to be more flexible. She said that she would like to see this flexibility in the "course load, course requirements, and scheduling". Caitlin does realize such flexibility is difficult when "you are trying make everything fit" but she said, "it's almost like they've got it channelled so that you have to pretty well take this elective and this elective and this elective".

Caitlin did note what she was saying didn't apply to her personally, as she, "was only looking at the core nursing courses most of the time". However, she also noted that,

> in spring session and summer session you ended up taking a lot of your electives ... in winter or fall term we couldn't have fit them in because of the way the nursing courses were so rigid. They just didn't offer anything other than your Monday to Friday ... a couple were in the evening so, I'd say number one, make it much more flexible so people can work and do their degree at the same time ... spring and summer session are wonderful in the sense that you can run your three weeks, it's three weeks of hell to get through this course, then it's over. You're done and you can go back to work. You can get three weeks off not any problem, but getting every Monday, Wednesday and Friday off for four months is a different story ... It's not realistic ... to say 'No, you can't work because this is your focus right now and you should only be focusing on this'.

The Educator/Counsellor

When asked what she would say to nurse educators to help them in counselling post-diploma nurses in their career and education decisions DJ did not really respond to the question. Instead she spoke of what she perceived as a lack of "warmth and nurturing" within her program. DJ said, there was a real deficit in the program in that area and she noted that some of the educator/counsellors in her program, "lacked a personal basis" that the manner of some of the educators was, "You'll take these courses. You'll have a piece of paper. You will get a better job". For DJ that outlook was unacceptable. She thought that it was "a given" that these things would happen, but she also thought, "... what was needed was warmth". She said,

> I encountered two counsellors in university. I never used them after that because they were detached ... They were unable to talk about nursing for themselves or share about experiences.

In explaining how she thinks nurse counsellors could change those types of experiences DJ said,

> I think, you've gotta do the feature/benefit type of thing. like explain better why you would do the program, and how you will benefit". For DJ that type of counselling was 'totally missing' with the counsellors she spoke of". She explained her perception of those counsellors as, "... 'Oh God, here's another student asking the same question over and over again and I gotta tell them the same answer I've told everybody else'.

Because of her own experiences, DJ said,

> ... If I had to evaluate what my perception was, if I had to evaluate the Faculty of Nursing in their ability to sell that program on a one on one, they would get one out of ten.

DJ believes that nurse educator/counsellors need "to learn that their students are human beings" who are often going into their programs "struggling with a major decision in their life that will change them personally and professionally". She believes that, "there needs to be a very human element" in those programs and that nurse educators sometimes

> forget that there's a whole person behind here (the student role) who has got kids at home, who is struggling with economics ... but their attitude was 'hey baby, I had a hard time and so will you'.

In continuing her conversation on the need for educators to provide supportive environment to their Post-Diploma students DJ said,

> ... if you're an academic you get rewarded. If you happen to be a well-rounded student and bring forth perhaps what's not measurable ... you're nothing and I think that that's wrong. That's very wrong ... We talk about nurturing in nursing and that just doesn't happen there, you know.

DJ feels that a nurturing environment for adult students would make a big difference to what nurses gain from their BScN programs because the people who graduate from those programs are people,

> who will be managers most of the time, or who will probably be role models, and if they've never received it, how do they then give it back to others what they do not receive.

For DJ if supportive/warm learning environments were provided for these nurses, "... it would bring out the best in nursing".

The worth and the cost of the Post-Diploma BScN Degree to the nurse informants in this study has been presented to the reader, through the informants own words, in the foregoing sections of this chapter. The purpose of the final section is to draw those meanings together more concisely.

Worth

Neither gold nor glass compares with her,
for her, a vase of fine gold would be no exchange,
let alone coral or crystal;
better go fishing for Wisdom than for pearls!
- Job 28:17-18

When Alice asked Humpty Dumpty for his meaning of a word he replied in a rather scornful tone, "When I use a word, it means just what I choose it to mean - neither more nor less" (Carroll, cited in Adler & Towne, 1984, p. 136). When asked for the meaning of the "worth", of her Post-Diploma BScN, Sophia replied, "I felt really confident as a diploma nurse ... and with the degree I felt like WOW! While Sophia said "WOW!" when asked about the worth of her degree Anne said, "Oh, about a $1.50 an hour" and laughed.

When Alice responded to Humpty's contemptuous reply to her question she said, "The question is whether you can make words mean so many different things (Carroll, cited in Adler & Towne, 1984, p. 136)". What Anne meant when she said about a $1.50 an hour was the monetary value of her degree. However, when she was questioned further she said, "I would have to say that's probably the best thing I did. You know, marrying, having kids, and my degree". For DJ her degree is, "... absolutely worth the time and the commitment". She noted that,

> what you put into it (earning the degree), the outcome and the rewards to you are many times multiplied. It is more than worth the investment that you put into it because the rewards to you, professionally and personally, will be waiting on the other side if you are willing to give to it ... it's like a bank account. You put the money in and you will see its returns ... if somebody said, 'I'll give you a million dollars ... I'll take that and give you a million dollars but you won't have your degree' I'd say, 'no.' It doesn't have a value in terms of economics. It has just much more an intrinsic value and there has been just a growth for me professionally and personally. If somebody said, 'I'll just erase all that and you'd go back minus all that experience and learning, and that time, would you sell it?' No, I wouldn't sell it. You know, it couldn't be bought ... I would do it all over again ... despite the lay offs and despite all the changes that happened to nursing you are a whole lot better to have gotten your baccalaureate ... the people who will survive, anything that's going on today, are going to be the people who have the ability to change. I believe the baccalaureate preparation ... is a step or an opportunity to have learned some skills that you are going to be able to transfer some place else ...

Brenda had mixed feelings about the worth of her degree. She said,

> ... At graduation, and that was ten years ago, I was angry and wondered if I'd done the right thing. I'd spent two and a half years at it and given up a half a years pay ... Probably my perspective is totally different because I can look back on it, more positively and more realistically, and realize that it has been very worthwhile and I'm glad I did it. But, I'm certainly glad I did it when I did because I couldn't see myself doing it now with the shape that nursing is in ... I feel I've gotten my money's worth. I've had ten more good years

> of employment after my degree ... When you go to University you're on your own. And it's sort of a make it or break it situation. It's a totally different sort of learning. I would say that experience helps you grow as a person you find your inner strength ... I think it prepares you for the real world or a job where there are other pressures and other demands made upon you.

Caitlin also considered her degree valuable. She said,

> I do consider it valuable. I probably wouldn't have gone back if I didn't think it would be valuable to me, but it was probably more valuable in the ways that I've described than I had planned ... it probably has been more personally and professionally rewarding than I had anticipated that it would be ... it certainly did improve some things within my practice ... It gave me a broader perspective ... With the funding crisis and everything that's going on right now you look at it and you think that if I didn't have my degree I would really wonder ... I can't picture myself doing anything other than being a nurse ... I don't know what else I would do ... What I have gained is worth it because I really believe in education and ... education is invaluable to me ...

When Alyson gave her "bottom line" to the worth of her BScN she said,

> ... Monetarily, NO. It's not worth going. Professionally, YES, I think it is and it will be in the future. I think the time I've put into it was worth it ... I'd say it's probably 70/30 worth it ... I guess when I look at if something is worth it or not to me, I look at it as to how it makes me feel, because I think it was good for me then it was worth it ... it's not a monetary gain by any means to get your degree. I don't think it is to get your Master's or anything for monetary gain, but I think you grow more professionally ... and you grow more personally ... I think it was actually valuable for me to go and I'd do it again ... it was something I was proud to do. I was proud to get my degree and I'm proud to have it. I didn't go to school for two years and just have my job ... I'm growing as I get older and do more. I've got my degree now and I'm going to do more with it ... it was a pay off to make it. It really felt good to make it ... you have to learn so much to be a nurse but I learned a lot about myself and what I can and cannot do and I think I can do pretty well anything if I try. I have a lot more confidence ... I mean that pushed me to really ... be proud of who I am ...

When talking about the worth of their Post-Diploma Degrees in Nursing, the informants in this study shared their unique words about the worth and cost of their degrees. While the words they chose were unique to each informant the nurses meaning about that worth was not. The findings of the study show that to the study participants having earned their BScN was not (despite some costs/barriers) an expenditure. It was/is, an investment. As DJ said, the rewards, to them, are well worth what they put into earning them.

CHAPTER V

Discussion and Implications

There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries.
On such a full sea are we now afloat;
And we must take the current when it serves,
Or lose our ventures.
Brutus (in Cross, Brooke and Durham, 1957, P. 79)

The aim of this study was to increase understanding of the worth of the Post-Diploma Baccalaureate Degree in Nursing through Nurses' perception. The purpose of the study was to gain information that could be useful to: 1) Other diploma educated Registered Nurses in their career/education decisions; and 2) Nurse Educators in facilitating/counselling post-diploma nurses in their career/education decisions. In this chapter a summary of the study findings are presented. The summary includes comparison of the researcher's findings with the current literature on Nursing Baccalaureate Education and on Adult and Post-Secondary Education and their outcomes.

According to Brink and Wood (1989) one of the central purposes of an exploratory study is to develop, through indepth exploration, a valid definition (a complete explanation and description) of a concept/variable. In this exploratory study, to understand the "Worth of the Post-Diploma Baccalaureate Degree in Nursing" from the "emic" perspective, the researcher met in person with the study respondents on three occasions. The interviews were audio-tape recorded and the researcher kept field notes and a personal diary on each and subjective data about the meetings, the subjects, the interviewer, and the environment. Throughout data analysis, which began at the very outset of the study, the researcher diligently reviewed the tapes, the field notes, the diaries, and the verbatim transcripts, in order to get a sense of what the informants shared. In addition to these reviews the researcher, on two occasions (at the beginning of the second interview and with a third [follow-up] visit) shared with the informants her analysis/understanding of what they had said about the worth of their degrees. On these occasions the nurses had opportunity to verify and/or correct the researcher's understanding of what they had said/meant.

By reviewing all the study recordings (verbal, non-verbal, and written) the researcher could maximize the nuances of the non-verbal sharing. She then combined that information with the nurses feedback and was able to get a strong "people" meaning of the worth/value of the Post-Diploma Baccalaureate Degree to the individual nurses in this study. Through the data analysis the researcher learned that while the communication of responses were unique to the individual nurses the ultimate answer to the question of worth of the degree was universal.

The researcher's understanding of the worth of the Post-Diploma BScN to the study informants came about through analysis of the major categories that developed out of the study data. To give the study reader a similar privilege of understanding the worth of the degree from the "emic" perspective, the categories that emerged from the data were presented in the Findings Section of this study through representative excerpts of the informants own words. Those categories; Motivation to Earn the Degree, The Self, Past Experience, Job Satisfaction, Current Socioeconomic Ramifications, Suggestions to Diploma Nurses, Suggestions to Nurse Educators, and The Cost of earning the degree, were then utilized to organize presentation of the data in the Findings Section. In the first section of this chapter, data from those categories are again utilized to summarize what the nurses said. In the rest of the chapter Implications for the Findings, the Strengths and Limitations of the study, and Indications for Further Study are presented.

Summary

While the nurses gave multiple reasons for earning their degrees, analysis of the study data showed that they all actually chose to return to school because of intrinsically and extrinsically driven personal and professional growth and development needs. That analysis also showed that while their stated motivations were unique to the individual nurses, collectively those motivations are analogous to Adult Educator Malcolm Knowles (1980, 1990) beliefs about human growth needs. For example, within his discussion about his beliefs Knowles wrote that: 1) the urge for growth is an especially strong motivation for adults learning since education is, by definition, growth - in knowledge, understanding, skills, attitudes, interests, and appreciation; and 2) the human need for growth and development provides the deep and motivating springs for learning.

The analysis of the nurses motivation to earn their degrees not only showed that their motivations were analogous to Knowles human growth needs but it also showed that they were similar to his beliefs about human education needs. This can be seen if one compares Knowles belief that: 1) the human education need is the discrepancy between what the individuals want themselves to be and what they are; 2) the more congruent the needs of individuals are with the aspirations of their organizations/societies for them, then the more likely effective learning will take place; and 3) the goal of learning is self-actualization, with what the nurses said about their need to earn their degrees.

It has been seen by the informants words that The Self and the various aspects of self presented in the preceding section are a very important element to the understanding of the worth of the Post-Diploma BScN to them. According to the literature on Adult and Nursing Education (For example, Beeman, 1988; Brundage and MacKeracher, 1980; Jarvis, 1986; Knowles, 1980, 1989; Raudonis, 1987) the individual's past experiences are also an integral part of his/her growing and developing self. In Knowle's words, "Adults derive their self-identity from their experiences. (Knowles, 1980, p.50). Such experiences are also the "resource of highest value in adult education" (Lindeman, cited in Knowles, 1990, p. 29).

In this study the nurses who participated the study returned to school to earn their Post-Diploma BScN for a myriad of reasons. Those reasons ranged from the influence of diploma school instructors and professional colleagues, the nurses desire to "expand" themselves by learning, and the nurses desire to be able to say that they could go to University and get a degree, to the pressure they felt from "within nursing", knowing that they would "have to do it" if they wanted to stay in nursing and have the opportunity to do other things beside general duty/bedside nursing, and knowing that education is invaluable to them.

While the study participants reasons for earning their degrees varied with each response it can be seen that for all of them the reasons given were basically alike. That is, the study nurses returned to school to earn Post-Diploma Degrees in Nursing because they felt internally and externally driven to earn their degrees for personal and professional growth and development, for the intellectual challenge, for career flexibility, and because they felt "the push" from the profession.

When one compares this studies participants reasons for returning to school to earn their Post-Diploma Degrees in Nursing to the data in adult and nursing education literature it can be seen that these nurses returned to school for comparable reasons. For example, educators and researchers such as Arms, Chenevey, Karrer, & Rumpler, 1985; Beeman, 1988; Day, 1987; Kaplan, 1981; Knowles, 1980, 1990; and, Roemer, 1983, have found that adults/nurses pursue higher education for three basic reasons; intellectual challenge, vocational concerns, and personal development.

While the study findings showed that the participants in this study return to school for the above basic reasons, the findings also showed that the worth of the degree to the nurses turned out to be much more than they had anticipated. These findings show that: 1) in deciding the worth of their degrees, the nurses predicate the meaning of that worth on their personal and professional growth and development, their self-actualization, and the self-efficacy they experienced through earning their degrees; 2) to the informants, the BScN degree has much more "intrinsic" than extrinsic value; 3) the advantages of the baccalaureate education for those nurses are many and varied; and 4) those advantages are not only those of a greater quantity of knowledge. The findings also showed that the nurses past experiences, their job satisfaction, the current socioeconomic ramifications on the Health Care System, and the cost of earning the degree all play a part in their evaluation of the worth of their degrees.

From the literature review it was seen that returning to school can be costly for adult/nurse students. These costs include monetary expenditure and personal expenditure. The latter costs include those brought about by the students personal characteristics, their past experiences, the roles they play, the learning environment (including physical, human, and program requirements), and the perceptions they hold of how other people receive them as degree nurses. It was also pointed out in the literature that these very elements which can be costly to the students can also, given the right circumstance, be quite beneficial to the adult student.

Analysis of the data, in this study, does show that despite the costs, of returning to school, to earn their degrees, the study informants do find many benefits from having earned their Post-Diploma Degrees. The findings showed that the benefits derived by the informants are similar to what other academics and scholars believe to be the overall benefits of university education. For example, one major benefit the nurses think they obtained from their degrees is similar to Mills' belief that, "What professional men should carry away with them from a university is not professional knowledge, but that which should direct the use of their professional knowledge and bring light of general culture to illuminate the technicalities of a special pursuit" [Mill, cited in Shere & Duhamel, 1987, p. 107]. The study nurses belief is also similar to Knowles' opinion that, "We now know that in the world of the future we must define the mission of education as to produce competent people - people who are able to apply their knowledge under changing conditions; and we know that the foundational competence all people must have is the competence to engage in lifelong self-directed learning ..." (Knowles, 1980, p. 18).

While there are many similarities between the literature data and the findings of this study, one difference is that while the participants in this study wanted their degrees, in part, for purposes of upward/outward mobility in their professional lives (that is, they wanted to move away from general duty/staff nurse positions) they have all changed their minds about that desire. For these nurses that change came either while they were still studying for their degrees or at a later date. It is interesting to note, that while the career move was a very important motivation for them to earn their degrees, at the time of the interviews the nurses all remained in general duty and are happy and proud to be there. The nurses feel they have grown in their jobs and have found satisfaction in what they do in their general duty/staff nurse "hands on" positions. They find this satisfaction from their personal and professional growth, their commitment to their profession, in their broader perspective on nursing, and in the confidence their degrees have given them to use their knowledge and skills.

The findings, of this study, also differ in one other way from the other studies reviewed for this research. That difference is due to the timing of this study. In the past year thousands of Canadian nurses have seen changes in their jobs and/or their job perspectives. For example, according to Smith (cited in the Edmonton Journal, June 2, 1994, p. A 9), "Alberta has gone from a position of having 1,000 nursing vacancies in 1990 to 2,000 nursing jobs being lost in the past year". Those changes gave the nurses, in this study, opportunity to reevaluate the worth of their degrees mid study.

The nurses reevaluations, about the worth of the degree, are seen not only in what they said about their own job situations, but they are also reflected in what the nurses would suggest to other nurses contemplating returning to earn degrees in nursing. For example, when Alyson was asked what she would say to such nurses she had several suggestions that showed how she felt about the worth of her degree in relation to todays health care reforms. Alyson would advise nurses to think carefully about returning to school now to earn degrees, especially if that meant giving up their jobs and financial security. She bases that suggestion on her beliefs that: 1) The government does not value nursing degrees at the moment; 2) there are few nursing jobs at present; and 3) having a degree does not guarantee a nurse a job (or job security if she already has a job) today.

For Alyson, who works in a hospital, where co-workers have already lost their jobs to fiscal restraint and restructuring within the Health care System, it is a reality that her job may well be affected by that process. It is her belief, that the only thing that is going to help her keep her job today is how long she has been in her position not that she has earned her degree.

Despite the way she sometimes feels about the current socioeconomic situation, the precariousness of her present job situation, and about what she would suggest to other nurses, by the time the researcher returned for the third (verification) visit with Alyson she was speaking optimistically about her abilities, her skills and knowledge, and how "having her degree" will benefit her as she seeks nursing employment within the realigned Health Care System.

While Alyson would warn nurses to consider very carefully whether they should return to school to earn degrees today, DJ had very different suggestions to offer. She would suggest that nurses would be "absolutely nuts" not to earn baccalaureate degrees in nursing, because of its inherent value, despite the "lay offs" and despite all the changes happening to nursing.

Alyson and DJ seem to be at opposite ends of the pole on what they would suggest to other nurses about earning Post-Diploma Degrees given the current restructuring of the Health Care System. However, when talking about the motivations to get their degrees, the cost of earning their degrees, and the worth of those degrees to them overall, these nurses, like all the other study participants, show that they do endorse the Post-Diploma Baccalaureate Degree in Nursing (despite the costs/barriers they had to endure and/or overcome) as diploma nurses, while they earned their degrees. It is because of what they gained far outweighed the cost of earning the degree. While they were, at times tired, angry, frustrated, overwhelmed, or discouraged, while completing their degrees, the nurses for the most part enjoyed their baccalaureate programs. They do not regret having returned to school to earn their Post-Diploma Degrees in Nursing.

At the time of data collection all of the study participants, except Barb, were being affected by government fiscal restraint and the resultant remodelling of the Health Care System. However, like Alyson, the other nurses are also optimistic that the benefits their degrees have given them will aid them in coping with the economic times. For example, Brenda sees her degree as "a trump card" at this time. She can see things "turn around" and then her degree will continue to be beneficial to her. Brenda feels she has "done her homework" at a good time for her, and that she can always go back to university, because she has a post secondary education that will help her, in the near future, with more goals she has in mind.

To help other nurses, contemplating studying for their degree, the study informants not only have suggestions for the nurses but they also have suggestions which they believe would assist nurse educator/counsellors with facilitating/counselling diploma nurses in their education endeavours. The primary suggestions include: 1) respect and value diploma nurses as adults with skills, knowledge, and past experiences that are valuable to the Post-Diploma Degree; 2) provide a supportive and nurturing learning environment (human and physical); 3) assist students with needs assessments through which appropriate programs can be developed; and 4) recognize that the adult students have varying needs and learning styles.

As has been seen, through the findings of this study, the worth of the Post-Diploma Baccalaureate Degree in Nursing to the study informants is centred in their personal and professional growth and development. It appears to be beneficial in preparing them for a more professional orientation and commitment to nursing. The nurses acknowledge the possibility that they could have grown and developed personally and professionally. However, they do believe the

Post-Diploma BScN facilitated and enhanced that growth and development personally and professionally. These nurses also believe that they are happy in, and appreciative of, their positions, as general duty/staff nurses, because of their degrees and despite the fact that a prime modification for them to earn their degrees was so they could move away from that type of nursing.

If you ask a dozen people to define a word you may get a dozen different answers. Words can be interpreted in many different ways. Even dictionary definitions give multiple meanings to some words. To ask nurses to explain the worth of their Post-Diploma Degrees is to ask a value laden question about their definition of a concept/word. That type of question can create interpretation difficulties for any researcher in terms of understanding just what people say. In such a situation qualitative research designs, like that utilized in this study, give the analysis an advantage, over quantitative research designs, because, "words don't mean - people mean" (Adler & Towne, 1984, p. 137).

At the beginning of this study a dictionary definition of the term worth was adopted by the researcher as a basic definition for the study. That definition incorporated the terms usefulness, consequences, effective, advantage, beneficence, rewarding, and of enough value to repay the effort/cost. The study definition of the concept "Cost" included any barrier the nurses believe would inhibit the worth of the degree.

Modified dictionary definitions of the terms expenditure and investment were also developed by the researcher for the study. In those definitions expenditure meant outlay, expending, paying out or spending (money, care, time, on object, in doing) and investment means to devote, commit or use (time, money, capital,) with the expectation of profit (gain, return, improvement), to spend or use money (time, effort) to make an investment (Funk & Wagnalls, 1982; Sykes, 1982).

The "people" meaning of the worth of the Post-Diploma Baccalaureate Degree in Nursing to the nurses in this study shows that "worth" in this instance is indeed defined beyond "dollars and cents" (although in one sense it is defined in those terms, for example, DJ would not relinquish her degree for a million dollars). For the nurses worth of their degree incorporates all the terms of the original definitions. As has been noted the study nurses primarily value their degrees in an intrinsic way. They predicate the worth of their degree on personal and professional growth and development, they further defined it in terms of greater commitment to the profession of nursing, to professional satisfaction, and in terms of its utility/value in their personal and community lives. The nurses in the study think that the best foundation for their nursing education was their diploma program. They were in agreement in saying that they would follow the same route to nursing education were they to start again. While the nurses believe in the value of the baccalaureate degree, as essential (in essence) to nursing education, all would recommend the diploma, the current collaborative programs (AARN Newsletter, 1994), or a similar route, as base to nursing education, because they believe that such routes provide what they believe to be essentials in "clinical" nursing. That element of nursing education they believe is not as well provided in generic baccalaureate programs.

The study informants also suggest that nurses who are contamplating earning a post-diploma degree in nursing begin that process by taking required non-core nursing courses prior to entering the BScN program. They believe that doing this will greatly reduce stress encountered by heavy course loads, and allow those nurses to maintain their jobs at the same time.

Implications of the Findings

"Tis THE HUMAN TOUCH in this world that counts,
The touch of your hand and mine,
Which means far more to the fainting heart
Than shelter and bread and wine;
Free (in Felleman, 1936, P. 130)

The purpose of this study was to help fill a "gap" in the research on the Baccalaureate Degree in Nursing as entry to practice and to gain information that would be useful to diploma educated registered nurses in their career/education decisions and Nurse Educators in facilitating and/or counselling these nurses, in their career and education decisions. Therefore, the implications of the findings of this study are crucial.

As a result of their experiences the study nurses have a number of suggestions they would offer to nurse educators. Prime amongst these suggestions is that in order to facilitate less stressful learning environments, for Post-Diploma Baccalaureate Candidates, an increased emphasis on the students as adult learners with valuable skills, knowledge, and past experiences needs to be continually stressed and/or restressed in schools/faculties of nursing.

The literature review also showed that educators, and researchers in adult education place a great deal of importance on the human and physical learning environment to adults learning needs. Never-the-less, the findings of this study show that the study informants found difficulty, at times, with having this particular need met. They suggest, to nurse educators and/or counsellors, that more attention needs to be paid to the learning environments and the learning styles of Post-Diploma Nurses.

The nurses in this study also found that for the most part their "nursing courses" were so very "heavy" and "loaded", that is, that the demands of those courses were such, that they did not have time to assimilate what they were learning. They found they had to spend so much time and energy on just completing the course requirements that they were not always sure "what they got out" of a particular course. As a result they suggest to nurse educators that an increased emphasis on instructional strategies and course content which focuses more on process, or problem based learning, rather than course content and program "loading" could help alleviate stresses in those areas for Post-Diploma Nurses.

Several of the study participants also found, that at times, program course that had field/clinical components were planned and implemented without consideration of, or in consultation with, the students needs. As a result these nurses found themselves in time-wasting and frustrating situations, while they repeated work experiences they were very familiar with, or fulfilled course requirements in areas where the experience was not meaningful to their individual personal and/or professional needs. From their own experiences the nurses suggest that such courses could be planned with the students to assist them adjust their programs to suit their needs. This suggestion by these nurses would seem to be quite imperative today, given the current realignment, and the economic status, of the Health Care System. Given the types of suggestions the nurses have offered very little, if any extra money would need to be expended to implement these suggestions.

While the nurses had specific suggestions that they would pass to nurse educator/counsellors, the study data also suggest other areas that are of importance for those who plan and facilitate nursing education programs. The nurses in this study had much to say about their perceptions of clinical preparation (skills/tasks and knowledge) that is/has been traditionally offered to nursing candidates. While these findings are not new to the world of nursing they do suggest, as the study nurses said, that it will have to be decided whether a collaborative (or similar) nursing education with a stronger clinical skills base is a more appropriate route to "Entry to Practice" than a generic Baccalaureate Degree.

In light of these same findings another suggestion is that it would also be appropriate for nurse educators to decided whether or not a clinical internship year should be considered for generic baccalaureate programs.

In consideration of the study findings about the effects of the Health Care realignment and the current fiscal situations of the Health Care funding it might be appropriate for nurse educators to decided to offer opportunities for specialization to nurses in general duty/staff nurse positions, at the Bachelor of Nursing education level.

While some of the findings of this study confirm information found in the literature they also show the importance of the implications of the study. Literature review showed that there are no reports of studies wherein diploma-to-baccalaureate nurses have been asked the worth of their Post-Diploma degrees in Nursing. The author of this study has partially filled that gap.

It is believed, by this researcher, that the findings of this study are important to the careers and education plans of Canadian Nurses. It is further believed that they are equally important to those who assist and facilitate those nurses in their career/education decisions. For example, one benefit of this study is that, the nurses in this study gave a beginning answer to questions regarding the necessity of general duty/staff nurses being educated at the baccalaureate level (ETP 2000). This relevancy was seen when the nurses partially defined the worth of their degrees as giving them a more "professional" outlook and deeper commitment to nursing, a greater confidence in themselves as general duty/staff nurses, greater analytical and critical thinking skills, and an advanced level of personal and professional growth and development.

Strengths and Limitations of the Study

The strength of this study lies in the methods followed to conduct the study and analyze the data. Because the aim of the study was to increase understanding of the worth of the Post-Diploma Baccalaureate Degree in Nursing, to a group of diploma-to-baccalaureate nurses, that aim was essentially to define the term "worth" as it applied to the degree, from the study participant's perspective. According to Brink and Wood (1989) an exploratory study is the best method for such research. The strengths inherent in an exploratory study have been adhered to throughout the study. Additional strengths of this study are that: 1) The informants were able and willing to share their perceptions with the researcher and to validate the researchers findings; 2) the researcher was able to return to the informants to verify information; 3) there were many aids to help strengthen validity and reliability built into the study; and 4) because no comparable studies have been found the findings of this study can be used as a beginning from which other studies can continued to add information to the definition of worth of the degree.

Limitations of the study are; 1) As with all other qualitative studies the findings of this study are unique to the participants only, since they are derived from the participants personal perceptions; 2) the study cannot be replicated because not even the same researcher can return to the same subjects and ask the same questions and receive the same answers; and 3) no negative cases were found, none of the informants saw negative value in their degrees, none of them knew anybody else who did, and no such informants volunteered for the study.

Indications for Further Study

Much is unknowable.
No problem shall be faced
Until the problem is;
I, born to fog, to waste,
Walk through hypothesis,
An individual.
Gunn (in Abrams, Ford & Daiches 1974. P. 2431).

If one is going to explore worth of the Post-Diploma BScN to diploma-to-degree nurses it may be that there needs to be time and space from the program itself. That is, informants may not give you the best kind of answer immediately after graduation. The "best answer" may only come after reflection. For example, Anne's statement that she couldn't believe she could be saying something positive about a course she hated or Barb saying, that if she had been asked any of these questions just after she had finished her program graduation she would have run away saying, "don't ask". Barb felt that way because, at the time she was doing her program she had a busy two years, she felt her life was on hold, finances were "cut", there was a lot of "BS" in her program, and sometimes the program got very frustrating for her. She now feels that since she has some distance between doing the program and because those two years are "distanced out" she can really see how the degree does benefit her. On the basis of what these nurses have said, it might be interesting to followed other nurses, post degree, to see when this change occurs.

Another area, suggested by the study findings, that needs to be investigated, in terms of assessing the worth of the Post-Diploma Degree, is in the area of explaining what happens in the work place to show how the nurse integrates into that setting. For example, while none of the informants denies the value of the degree in the Home Care setting, that is not as true of the all of the nurses in the hospital setting. The informant, Brenda, gave a prime example of the need for investigation when she said that she really saw the worth of her degree in her work positions before she returned to the hospital setting. Since she returned to hospital nursing she sees herself "just like the other nurses" who do not have their degrees. One would need to look at whether or not this might be an instance of "resocialization to the lowest common denominator" in that setting.

The study findings also show that an area to consider is whether it is worthwhile to investigate the differences between short/long term "costs" of the degree? For example, although Alyson went through two years of "hell" to earn her degree she did feel strongly positive about the worth of her degree during the first interview. By the time of the second interview many of her peers had received "pink slips" and she was moving closer to that situation herself. With this knowledge Alyson began to question the worth of her degree under the current economic situation. By the third visit, she had again reevaluated the worth of her degree and believed that having the degree prepared her to cope with the situation and to find employment elsewhere if necessary. The question which arose from this situation is, does the worth of the degree diminish for those nurses who know, because of their particular situation, that for job retention seniority is more important than level of education.

Another area of investigation is exploration of whether nurses, who have integrated family and profession, are able to make a stronger commitment to the profession than those who separate family and career, putting nursing "on hold" or secondary to family. The idea for such a study arose because of the differences of opinion held by the nurses in regard to returning to school to earn post graduate degrees. For example one nurse, who is married with children, would "go back tomorrow". Another, while she would very much like to "go back to school" will "consider it" after her children are grown.

In light of what the study participants revealed about their intentions about continuing towards higher education, a sixth suggestion for further study would be to investigate if those who have done that family and profession integration may be the most successful candidates for graduate programs.

A seventh suggestion for further investigation is, because the nurses in Home Care and the Military seem to see more worth of their degree than some of the nurses in hospital settings, whether or not the constraints of the organization that precipitates these differences. It could be that constraints in the hospital workplace disallows freedom and flexibility that the other nurses feel and this results in a perception of more/less worth in their degree.

A further suggestion for investigation arose out of Brenda's difficulty in valuing her degree. Brenda thinks her difficulty in valuing her degree arises because of the "time lapse" between receiving her degree and her agreement to participate in this study. Ten years ago, at her graduation, Brenda was very angry and wondered if she had done the right thing because she questioned what she had gotten out of some of the courses she took. Today, Brenda looks at her degree more positively and believes having the degree is very worth while. It would be interesting and informative to investigate if Brenda (or nurses like her) is truly finding value in her degree, or if the nursing experiences, in that 10 year period, have given her the skills and knowledge she credits to her degree. It would be very interesting to know if this phenomena is in the spirit of Benner's Novice to Expert (Benner, 1984), where time and "hands on" experience add to the nurses repertoire of knowledge and skills. To understand such cases it might be worthwhile to do longitudinal studies, starting prior to graduation, then at two, five, and ten years post graduation.

A final suggestion for study, was seen in the polarized views of Alyson and Brenda in regards to having\wearing hospital nametags with the designation RN\BScN on them. Brenda had such a tag and chose not to wear it when she returned to hospital nursing. Alyson did not have one, wished she had, but would not request one when it was not given to her when she earned her degree. Both nurses were concerned about peer perception if they wore such nametags. The question of interest is, whether these concerns have validity or are they, as the nurses suggested, perception only?

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APPENDIX A

ALBERTA ASSOCIATION OF REGISTERED NURSES NEWSLETTER RESEARCH CORNER

The Post-Diploma Baccalaureate Degree in Nursing: Nurses' Perspective of Worth

Participants Wanted

The aim of this study is to help with the understanding of the worth of the post-diploma degree through the perceptions of BN/BScN nurses. Nurses will be asked to describe the worth of their degree to them since they have earned it. If you are (or someone you know is) a registered nurse who fits the following criteria I would appreciate if you would volunteer (or ask them) to become an important part of my study.

For this study I am looking for nurses who:

Are registered with the Alberta Association of Registered Nurses and currently practising as general duty/staff nurses in direct client/patient care;

- Live within one hour (driving range) of Edmonton;
- Are able to speak and understand English fluently;
- Have gained their original nursing education through a Canadian diploma program and later earned their BN/BScN in a Canadian University;
- Have had a minimum of two years nursing practice as a general duty/staff "diploma nurse" before earning a post-diploma BN/BScN;
- Have a minimum of two years general duty/staff nursing practice since earning the BN/BScN;

If you are interested in becoming (or asking your friends to become) part of this study please contact me at 460-3975 for further information. Confidentiality will be maintained.

Helen M. Simmons RN, MEd., MN (Candidate)

APPENDIX B

Participant Consent Form

Thesis Title:	The Post-Diploma Baccalaureate Degree in Nursing: Nurses' Perspective of Worth
Thesis Investigator:	Helen Marie Simmons, RN, MEd. 23 Goodridge Drive St. Albert, Alberta Phone: 460-3975
Thesis Chair:	Dana Hames Wertenberger, RN., PhD. University of Alberta Faculty of Nursing Phone: 492-4851

The purpose of this research project is to increase understanding of the worth of the post-basic baccalaureate degree in nursing to diploma-to-baccalaureate nurses. Interviews will be conducted with general duty/staff nurses who have earned their basic nursing education through the diploma route and later earned a baccalaureate degree in nursing.

This is to certify that I, ____________________________ have read and fully
(print name)
understand the following information.

1. The study will involve studying my perceptions of the worth of the post-basic baccalaureate degree in nursing to me.
2. I will be filling out a demographic questionnaire at the beginning of the study and will be describing my perceptions/experiences in 1-3, one to two hour audio-taped interview meetings.
3. I will be reading and providing response on the researcher's summaries to confirm that she has understood what I have said.
4. To protect my privacy I will not be identified during the taped interviews. Anything that might identify me will be removed when the tape recordings are transcribed. All tapes, transcriptions, and study notes will be kept in a locked area until the analysis is complete. This consent form, which bears my signature, will also be locked separately from all interview data.

5. Some of my exact words may be used in the study but I will be identified by pseudonym (of my choice) only.

6. Materials will be kept for at least seven years and opened to any other analysis only with proof of ethical clearance from the appropriate sources at that time.

7. Only the researcher and the secretary transcribing the interviews will have access to the tapes. A study advisor will review the transcripts, containing no identifying material, to help the researcher during the study.

8. I will not receive a copy of interview transcripts but, I can review a copy of my transcripts in the presence of the researcher, at the completion of the interviews, if I request that opportunity.

9. I may telephone the thesis chair, Dr. Wertenberger, to verify this study. I can withdraw from the study at any time (just by telling the researcher) without penalty to myself.

10. There will be no harm to me if I participate in this study, nor will I benefit directly from the study. That is, there will be no money payment to me.

11. My participation may provide information that can help other nurses in their career/education decisions. Information gained from the study can also help nurse educators in counselling other post-diploma nurses in their career/education decisions.

12. I have had the opportunity to have any questions answered to my satisfaction.

My signature signifies my acceptance to participate in the above described thesis study. It further signifies that I have received my own copy of this consent form.

______________________________ Date ________________
Signature

I, Helen Marie Simmons have outlined and discussed the thesis study with the above participant.

______________________________ Date ________________
Signature

APPENDIX C

Participant Demographics

I would appreciate the following information. This information is needed to assist the researcher in analysis of the study information and so that comparisons can be made with other research information.

Identification:____________ Age: ___ Gender: F or M

A. How many years of experience have you had as a general duty/staff diploma RN?

____

B. How did you attend University ?

Full-time ___ Part-time ___ Both ___

C. How did you finance your University program?

Grant ___ Scholarship ___ Personal ___ Other ___

D. What post-secondary education have you completed (Please give date of year completed)?

1. Nursing diploma __________
2. Certificate program (s) ________
3. Baccalaureate (other then nursing) ________
4. Other ______________________________

E. How many years of general duty/staff nursing experience have you had since earning your BN/BScN degree? ____________

F. What was your status before earning your degree?

Single______ ; Married______; Divorced _____;

Widowed ______; Living with significant other ______.

G. Were you a parent with child(ren) living at home while earning your degree?

____

H. What priority did earning your BN/BScN have in relation to your other life activities?

High Moderate Low

1 2 3 4 5

APPENDIX D

Pool of Interview Questions

A. Tell me about what made you decide to get a baccalaureate degree in nursing?

B. What were your career expectations in relation to your degree?

C. What were your personal expectations in relation to your degree?

D. Suppose someone you know asked you about the worth of your BN/BScN what would you tell them?